Manitoba

Annual Report 1990 - 91

Manitoba Health Services Commission

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Manitoba

Annual Report 1990-91

Manitoba Health
Services Commission

Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

June 28, 1991

His Honour George Johnson, M.D.,
Lieutenant-Governor,
Province of Manitoba.

May It Please Your Honour:

I have the privilege to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1990 to March 31, 1991.

Respectfully submitted,

Donald W. Orchard

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
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June 28, 1991

The Honourable Donald W. Orchard,
Minister of Health,
Province of Manitoba.

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1990 to March 31, 1991.

Respectfully submitted,

W. K. Ziprick,
Chairman,
Manitoba Health Services Commission

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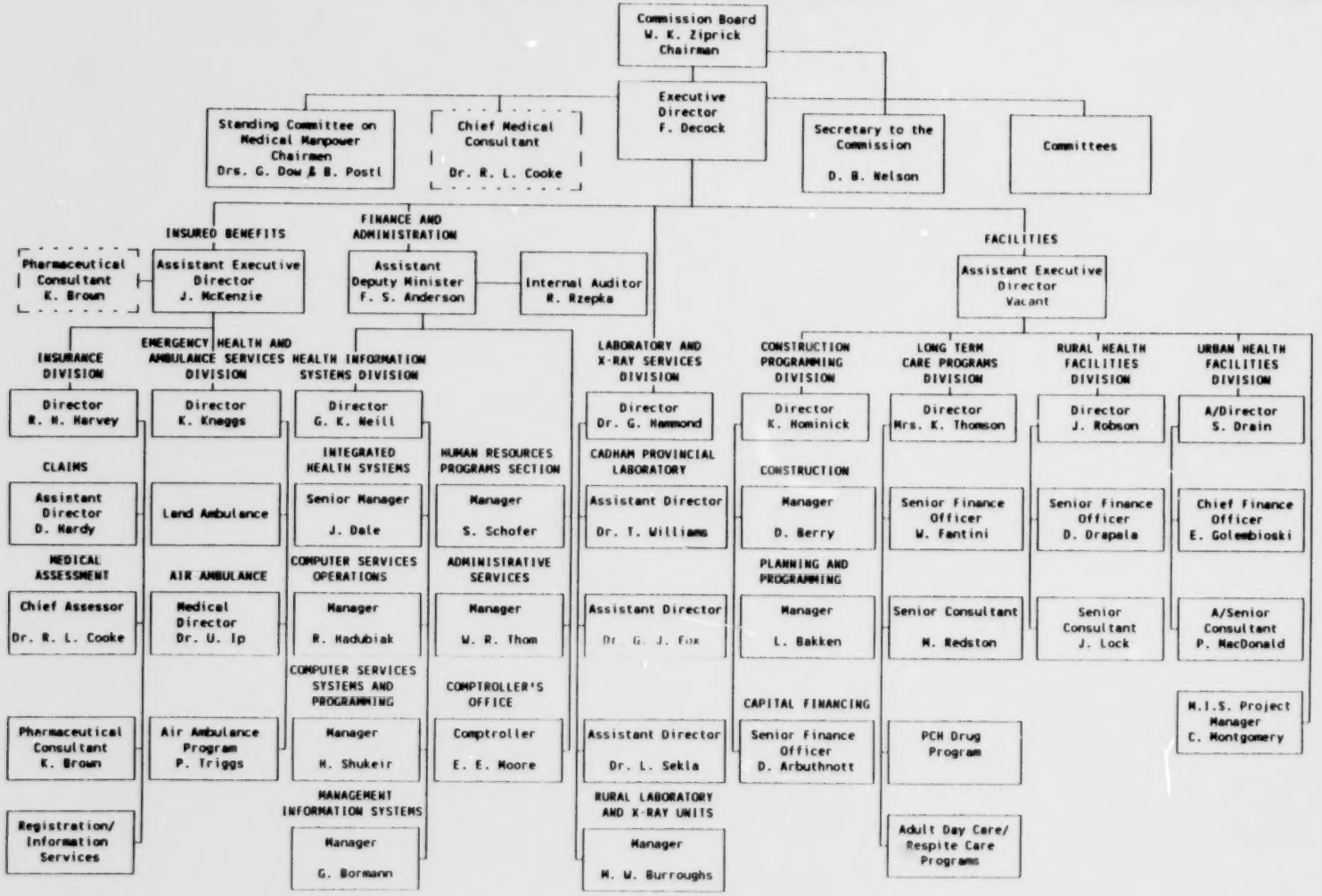
MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATION CHART
AS AT MARCH, 1991



INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The plan finances an integrated system of hospital care, medical treatment, personal care, a prescription drug program and other health services for Manitoba residents.

The Commission is headed by a Board, appointed by government, and an Executive Director. Close liaison is maintained between the Commission and the Department of Health, which is responsible for the administration of public and community health programs, dental services, institutional and community mental health programs, services to seniors, maternal and child health services, health education, and health promotion and prevention programs.

This Annual Report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1990 to March 31, 1991.

MANITOBA HEALTH SERVICES COMMISSION

Members:

W. K. Ziprick, C.A. -- Chairman
Frank A. Maynard -- Vice-Chairman
Terry Babick, M.D.
George Bass, Q.C.
Joyce McFarlane (to December 19, 1990)
Gail Roth
Robert Vandewater

D. B. Nelson -- Secretary

The Commission is responsible for performing the duties and functions assigned to it by the Lieutenant-Governor-in-Council and the Minister of Health, in accordance with The Health Services Insurance Act and other relevant legislation.

Legislation specifically requires the Commission to:

* provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services;

* ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities; and

* with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health care facilities and services.

The Board of Commissioners takes an active part in the affairs of the

Commission and the health care delivery system in Manitoba. Fifteen full Board meetings were held during the year at which several delegations were received and their presentations heard.

During their deliberations, members of the Board dealt with a variety of matters such as drug benefit programs, budget assessment policies, ambulance services and Attendant training, budget appeals, construction projects, labor relations, physician remuneration, computer systems and services, etc.

The Board also met with and heard a presentation by three physicians on the World Health Organization Collaborating Centre for Quality of Life in Cancer Care which is now located at the St. Boniface General Hospital in Winnipeg.

In addition to their participation at regular Board meetings, one or more members serve on seven committees of the Commission which meet frequently. These committees were established in 1988 to create an information exchange process between the Board and health facilities and to foster greater coordination of effort and planning among the health care sector. These committees have been relatively successful in achieving their objectives and the results of their endeavors have assisted the Board in timely decision-making. The seven committees, with a brief synopsis of their terms of reference, are:

Executive Committee:

In addition to the usual functions of an Executive Committee, this committee includes responsibilities normally assigned to finance and audit committees.

Funding Guideline Review Committee:

Conducts reviews and recommends guidelines for the equitable allocation of funds to health care facilities, and ensures that guidelines are consistent with Government's objectives, policies and programs.

Compensation Committee:

Reviews health facility labour negotiations as well as negotiations with professional associations funded by the Commission, and makes recommendations in respect to funding equity and mandates in the collective bargaining process.

Physician's Manual Committee:

Reviews all proposed amendments to the Physician's Manual prior to their consideration by the Commission Board.

Construction Committee:

Reviews all construction projects recommended for funding from the contingency allowance, and makes recommendations to the Commission Board on the Five-Year Capital Program.

Community/Institutional Interface Committee:

Conducts reviews and makes recommendations to ensure integrated planning and coordination between the institutional and community health sectors. In June 1990, the C.I.I.C. was disbanded as a direct committee of the Commission Board. It was then reconstituted as an administrative committee serving both the Department of Health and the Commission; two Commissioners were named as members of the new committee.

Health Care Demonstration Projects Committee:

Monitors and coordinates the reporting requirements for determining the effect that the 16 health care demonstration projects had on reducing patient admissions and/or length of stay in health care facilities.

Members of the Commission also serve on a number of Task Forces of the Health Advisory Network which was established by the Minister of Health in 1988/89.

During the year, members of the Commission Board visited many health facilities in urban and rural Manitoba. The Commissioners found these visits to be extremely informative and appreciated their discussions with members of the boards and administration whom they met. The Commissioners felt these visits were a most useful exercise in communications which is so vital to them in carrying out their work effectively.

COMMITTEES

The Commission receives advice and guidance from a variety of committees in addition to those named herein. The valuable contributions made by the members of all committees are sincerely appreciated by the Commission Board.

Medical Review Committee

Members

A. Rogers, M.D. - Chairman
C. Burns, M.D. (to December 31, 1990)
K. J. Collier, M.D. (to December 31, 1990)
A. Dalecka, M.D. (effective January 16, 1991)
R. F. Decker, M.D. (effective March 20, 1991)
I. Elliott, M.D.
P. Galbraith, M.D.
M. Wahn, Ph.D.

N. Yourechuk - Secretary

The Medical Review Committee is an autonomous committee established under The Health Services Insurance Act to review patterns of medical practice. Members are named to the committee by the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba.

From April 1, 1990 to March 31, 1991, the Committee met 14 times. It reviewed the patterns of medical practice of 370 physicians. Explanations were found for 259 of these patterns. The remaining 111 were subject to one or more of the following actions.

The 111 physicians were notified by letter that their pattern of practice varied from the peer average and were under review. Explanations were requested for the variances.

- 43 physicians' patterns were subsequently accepted following written explanations from the physicians and/or informal discussions with them.
- 35 physicians were asked to do an ongoing self review of their practices to achieve a prudent use of health care facilities.
- 10 physicians were on continuing review.
- Four physicians were referred to the Commission for resolution of their patterns as they were deemed to be matters pertaining to the rules of application.
- The remainder of the physicians were in various stages of review on March 31, 1991.

The Committee:

- continued to hold informal discussions with an increasing number of physicians about departures in their practices from the peer average. It finds these discussions to be particularly useful when variations in practice patterns relate to excessive use of referred laboratory services. Other discussions related to repeat visits, complete histories and physical examinations, consultations, personal care home visits, special calls and well baby care. The Committee expects the practice of holding informal discussions will continue to result in cost saving, without sacrificing standards of care.

- formally reviewed the pattern of practice of a physician. An order was made for the repayment to the Manitoba Health Services Commission of $63,830.20.

- communicated with the Commission about subjects such as personal care home guidelines, walk-in-clinics, laboratory services, documentation of visits, special calls, re-examinations for the same illness, well baby care and consultations.

- approved a request from MHSC to send Notification of Health Benefits Paid Notices for services to all the patients of a particular physician.

Medical Appointments Review Committee

Members

I. Auld, Chairman
E. Backman
Charles T. Birt (from January 23, 1991)
L. Fleisher
R. G. Handford, M.D.
R. O. Hinch, M.D. (from March 27, 1991)
Roy Koniuck
R. G. Krause, M.D.
J. Allan MacDonald (to January 23, 1991)
D. N. C. McIntyre, M.D.
J. R. Murray, Ph.D. (to January 23, 1991)
K. Simpson, M.D. (to March 27, 1991)
Hugh Smith, M.D.
John Steele, Ph.D. (from January 23, 1991)

D. B. Nelson - Secretary

This Committee was established in 1973 through an Agreement between the Minister of Health, the Manitoba Health Organizations Incorporated, the College of Physicians and Surgeons of Manitoba, the University of Manitoba, the City of Winnipeg and the Manitoba Health Services Commission.

The Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals to this committee are made only

when all other rights of appeal have been exhausted.

One appeal was heard by the Committee during the year; it was rejected.

Access and Confidentiality Committee

Members

R. Walker, M.D. - Chairman	College of Physicians and Surgeons of Manitoba
F. R. Friesen, M.D.	Health Sciences Centre
J. Cook	Manitoba Association of Community Health Centres (from June 6, 1990)
E. Yallowega	Manitoba Health Organizations, Inc.
G. Grimsen	Manitoba Health Records Association
L. Gordon	Manitoba Medical Association
W. J. Blight, M.D.	St. Boniface General Hospital
G. Bormann	Manitoba Health Services Commission (from September 24, 1990)
C. Sawyer	Manitoba Health Services Commission (to September 21, 1990)
M. Dutta - Secretary	Manitoba Health Services Commission

The Access and Confidentiality Committee was established by the Manitoba Health Services Commission in April 1979 to advise on matters relating to confidentiality of and access to health information.

The Committee held four meetings during the year and considered 15 project submissions for access to Commission data; all but two were recommended for approval. The approved projects are as follows:

1. A Twenty-Year Perspective on the Manitoba Health Care System. The objectives of the study are to provide:

   - a description of changes in patterns of utilization and health care expenditures by age, sex and residence by time;
   - a better understanding of how apparent increases in resource use by the elderly has affected younger individuals;
   - an understanding of the impact of some important policy changes; and
   - an understanding of the separate effects of age, period and cohort over time.

2. Prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Manitoba. Its purpose is to estimate the annual prevalence of respiratory disorders in the population of Manitoba.

3. Childhood Leukemia and Low Frequency Electromagnetic Field Exposure. This is a case-control study of the possible association between exposure to electromagnetic field and subsequent risk of leukemia in children aged 0 - 14.

4. Fate, Current State and Comfortability of Rural G.P. Anesthetists. The aim of this research is to review the practise of rural anesthetists and understand how they fare.

5. Shortened Hospital Stay for Low Birth Weight Infants.
The purpose of this study is to show that with adequate community supports in place, the majority of low birth weight infants can be discharged home earlier.

6. Building a Data Base for Ischemic Heart Disease: Acute Myocardial Infarction - A First Project. The objective of this study is to organize data to facilitate several evaluations of technologies for diagnosing and treating ischemic heart disease and to apply the ischemic heart disease data base to acute myocardial infarction.

7. Patterns of Medical Referral in Manitoba. Its purpose is to systematically analyze patterns of medical referral in ambulatory care received by adults in Manitoba.

8. Appropriateness of Cardiac Procedures: Comparisons Between the United States and Canada. The aim of this study is to explore sources of difference in the appropriateness of use of coronary artery by-pass surgery and coronary angiography between the United States and Canada.

9. A study of Chemical Dependency in the Elderly. The primary objective of this research is to establish a method of identifying chemical dependency in the elderly.

10. Manitoba Dementia Studies. The objectives of the study are to:

    * establish the prevalence of dementia among those aged 65 and over;

    * identify risk factors associated with dementia among elderly; and

    * examine the caregiver burden of providing care to an individual with dementia.

11. Road Safety Research - Evaluation of Mandatory Motorcycle Helmet and Safety Belt Use Legislation. This study aims at evaluating the effectiveness of Manitoba's legislation requiring the use of seat belts by motor vehicle occupants and helmets by motorcyclists.

12. Record Linkage Study of Adverse Events Following Immunization. The purpose of the study is to link the Manitoba Immunization Monitoring System file and M.H.S.C. hospital and registry files in order to investigate the occurrence of adverse health events following immunization.

13. A Comparison of Utilization of Services, Severity of Illness, and Reimbursements in Patients with End-Stage Renal Disease in the United States and Canada. This study will focus on an assessment of the differences in utilization of services, severity of illness to the extent it can be measured, and reimbursements in a sample of patients with end-stage

renal disease in the United States and Canada.

Pharmacare Advisory Committee

Members

K. Brown, B.Sc.Pharm. - Chairman
D. Boyd, B.Sc.Pharm.
V. Crandell, B.Sc.Pharm. (from June 25, 1990)
W. Ellerby, B.Sc.Pharm.
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm. (to June 25, 1990)
D. Maksymyk, B.Sc.Pharm.

The Pharmacare Advisory Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

The Committee met once during 1990/91 to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Standing Committee on Diagnostic Services

Members

J.H. McBeath, M.D. -Chairman	Manitoba Health Services Commission
G. MacDonald	Citizen Representative
G.C. Gough, M.D.	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
G.M. Lindsay, M.D.	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Manitoba Health Services Commission
R.H. Harvey	Manitoba Health Services Commission
D. Brodovsky, M.D.	College of Physicians and Surgeons of Manitoba
T.A. Yeo, M.D.	Manitoba Medical Association
M.J. Painchaud -Secretary	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. As well, it acts as a reference and consultative body about issues related to the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

Members of the Committee met on two occasions during 1990/91. Of the 11 requests submitted for consideration, eight were recommended for approval (includes one application rejected in the previous fiscal year and subsequently approved on appeal), one was not, and decisions on the remaining two requests were pending on March 31, 1991. The two pending applications relate to mammography procedures and will be dealt with, along with four other pending requests submitted during 1989/90, when government policy on breast cancer screening is formalized.

Of the eight approvals, six were for additional tests and two concerned the relocation of x-ray facilities.

Standing Committee on Medical Manpower

Members

B.D. Postl, M.D. -Co-Chairman	
G. Dow, M.D. -Co-Chairman	
P. Nehra, M.D.	College of Physicians and Surgeons of Manitoba
B. Wright, M.D. (to January 22, 1991)	Professional Association of Residents and Interns, Manitoba
S. Buchan, M.D. (from January 23, 1991)	Professional Association of Residents and Interns, Manitoba
R. Sanders, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations,Inc.
Leo LeTourneau, Ph.D.	Universities Grants Commission
D. Lethbridge	Union of Manitoba Municipalities
M. Chambers (to September 25, 1990)	Manitoba Association of Urban Municipalities
S. Locker (from September 26, 1990)	Manitoba Association of Urban Municipalities
J. F. Ross, M.D.	Manitoba Medical Association
M. L. Kopelow, M.D.	University of Manitoba, Faculty of Medicine
G. Beazley, M.D.	University of Manitoba, Faculty of Medicine
H. Wiebe	Manitoba Association of Urban Municipalities
R. Comte	Member at large
R. Carter, M.D.	Member at large
S. Derk	Member at large
D. Rodgers, M.D.	Member at large
J. Dhillon, M.D. (from May 17, 1990)	Manitoba Medical Students Association, Faculty of Medicine, University of Manitoba
M.J. Painchaud -Executive Secretary	Manitoba Health Services Commission

Resource Consultants:

J. Robson	Manitoba Health Services Commission
T. Williams, M.D.	Manitoba Health Services Commission
J. Wade, M.D. (to November 30, 1990)	Research & Planning Directorate, Manitoba Health

The Standing Committee on Medical Manpower (SCOMM) was established in 1979 for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba. The Committee reports to the Ministers of Health and Education.

The major problem identified by the Ad Hoc Committee on Medical Manpower in 1978 was shortages of medical services in rural and remote areas of Manitoba, and SCOMM has, until now, focused mainly on shortages and maldistribution of physicians in these areas. To redress the problem, SCOMM oversees a placement bureau, offers an incentive program and facilitates the immigration of foreign physicians.

SCOMM has assumed the major responsibility for placement services, and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The incentive program supports medical students in summer job experience in rural areas, offers loans to selected third- and fourth-year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish to take post-graduate training in specialties needed in rural areas, and provides grants to physicians establishing practice in medically underserviced areas.

During the past year, the existing recruitment, educational and promotional activities of the committee were extended with new initiatives such as the Health Pro Show, Manitoba's rural health recruitment fair, and the Family Practice Residency Training Program-Dauphin, the first rural-based residency program in Canada. A Rural Medical Education Program under the sponsorship of the Department of Medical Education, Faculty of Medicine, University of Manitoba, was also introduced.

The efforts of SCOMM have been successful in many cases; however, there continues to be an overall shortage of physicians in rural and remote areas of Manitoba. Physicians, medical students and health personnel indicate that some of the barriers to rural practice can be attributed to:

* isolation from professional colleagues;
* overwork resulting from public demand for continuous services;
* lack of acceptable housing;
* limited social and cultural amenities;

* high cost of living, particularly travel for vacation, business or professional meetings;

* difficulty of getting a temporary replacement to permit travel or attendance at meetings;

* lack of educational opportunities;

* constraint on fee income and its potential for growth due to limitations of population in the catchment area; and

* lack of confidence or security to practice in a more isolated milieu, without ready access to sophisticated diagnostic and treatment resources, as well as consultation services.

Circumstances have changed and today equally important problems exist in urban areas, where an oversupply of some types of physicians and an undersupply in certain specialties (radiotherapy, laboratory medicine, psychiatry and anaesthesiology) have manifested themselves.

SCOMM perceives that one important solution to the problems of rural and urban manpower supply lies with the reorganization of the health care delivery system, including shared resources and services arrangements between the regions.

Further details of SCOMM programs can be found in the Annual Report of the Standing Committee on Medical Manpower, including data on physician supply and distribution.

Personal Care Home Prescribing Guide Committee

Members

P. Montgomery, M.D. - Chairperson	University of Manitoba Department of Pharmacology
M. Yakabowich - Prescribing Guide Coordinator	Manitoba Health Services Commission
P. Mehta, M.D.	College of Physicians & Surgeons of Manitoba
H. Kirkpatrick, M.D.	College of Physicians & Surgeons of Manitoba
S. Hampton, M.D.	Manitoba Medical Association
G. Keeley	Manitoba Health Services Commission
W. Reimer	Manitoba Health Services Commission
H. McRae	Manitoba Health Organizations Inc.
B. Shaw	Manitoba Pharmaceutical Association
S. Younger	Manitoba Pharmaceutical Association
J. Alderdice	Manitoba Pharmaceutical Association
D. Gillingham	Manitoba Association of Registered Nurses
J. Williams	Manitoba Association of Registered Nurses

The Personal Care Home Prescribing Guide Committee was established in March 1985 to develop and administer a formulary system for the personal care homes.

The Committee met four times during 1990/91 to address the following:

* development of policies for the evaluation, selection, administration and utilization of drugs within the personal care homes;
* recommendations on the drugs to be included in the Personal Care Home Prescribing Guide;
* review of requests for drugs not listed in the Prescribing Guide;
* development of educational programs and formulary changes;
* dissemination of information regarding specific pharmaceutical agents to the personal care home staff;
* review of therapeutic classes of drugs as a means of updating the formulary; and
* areas of drug use to review for drug utilization studies.

DECENTRALIZATION

In June 1989, the Government of Manitoba announced its intention of decentralizing some services to rural Manitoba. The guidelines and criteria for decentralization opportunities issued by Government stated in part . . .

> "The Government has indicated its intention to implement extraordinary measures to strengthen rural communities and balance the growing predominance of Winnipeg in the social and economic life of Manitoba.
>
> "As a major step towards this goal, the mandate of the Task Force is to identify opportunities to decentralize public services that can be delivered equally effectively from locations outside of Winnipeg".

The Manitoba Health Services Commission identified 23 positions in which the staff were providing services that met the criteria for decentralization. Eight of these positions are being transferred to Flin Flon, 13 to Morden, one to Portage la Prairie and one to Minnedosa.

The move to Flin Flon is scheduled for April 1, 1991. The eight positions being placed into this office include one rural facility consultant, one rural finance officer, three staff for the Northern Patient Transportation Program, two support staff and one emergency health officer.

The positions to be located in the Morden Office include four finance officers, three consultants, one training program implementation coordinator for Emergency Health and Ambulance Services, the claims processing clerk for the Personal Care Home Drug Program, three administrative staff and a project

manager (construction). The move to Morden is scheduled for September 1991.

Through decentralization, the Commission will have offices in Flin Flon, Morden and Winnipeg. Each of those offices will provide services to a specific geographic area of the province.

The Flin Flon office will serve all health facilities north of the 53rd parallel and take the lead role in dealing with native health emerging issues, the Northwest Territories - Manitoba and Churchill issues, and the Northern Medical Unit.

The Morden Office will be responsible for all health care facilities in the Central and Westman Regions, except for the proprietary personal care homes and the facilities located in Brandon.

The Brandon General Hospital will remain with the Urban Facilities Division. The personal care homes in Brandon and all proprietary personal care homes in the Central and Westman Regions will stay with the Long Term Care Programs Division.

The Winnipeg Office will be responsible for all health care facilities in the Eastman, Interlake and Parklands Regions except for the proprietary personal care homes which will remain with the Long Term Care Programs Division.

The Long Term Care Programs Division will retain the overall responsibility for the insured Personal Care Home Program, the Personal Care Home Drug Program and the Adult Day Care and Respite Care Programs.

Following a further review of the Commission's Emergency Health And Ambulance Services Division, a revised decentralization plan for these services was adopted as follows:

- The Norman Region will be served by the Emergency Health Officer/Coordinator of Northern Patient Transportation Pprogram from the Flin Flon Office.
- The Emergency Health Officer being transferred to Minnedosa will be responsible for the Westman and Parkland Regions.
- The Coordinator, Emergency Health Services who has already been transferred to Portage La Prairie, will be responsible for overseeing disaster planning for all of Manitoba Health.
- The position of Coordinator Of Training Programs Implementation will be transferred to Morden between April and September 1991.
- All other services of the Emergency Health and Ambulance Services Division will continue to be provided from the Winnipeg offices.

SYMPOSIUM ON PERSONAL HEALTH CARDS

In May 1990, Manitoba Health hosted a Symposium on Personal Health Cards in Winnipeg. Personal Health Cards are wallet or purse sized records containing health information. The information can be as simple as a name and health insurance number, or as complex as a lifetime medical record. The choice of card technology options available include paper cards, embossed plastic cards, microfilm cards, smart cards, etc.

The Symposium was sponsored by the Conference of Deputy Ministers of Health, the National Health Information Council and the Advisory Committee on Institutional and Medical Services. Staff of the Manitoba Health Services Commission played a key role in the planning and coordinating of arrangements required for the Symposium, including facilities, meals, translation, registration, pre-conference materials and promotion.

The Symposium was to consider issues and opportunities for the use of personal health card technology in the Canadian health care environment. The three principle objectives of the Symposium were:

1. to enhance the general level of awareness and understanding amongst health services managers of new technologies in personal health cards;

2. to share information about existing and planned applications of personal health cards to public sector health care systems in Canada; and

3. to determine whether or not a consensus was required on future directions for personal health card applications, and if so, to recommend practical steps towards coordinated introduction of the technology.

The Symposium was attended by approximately 120 invited delegates and speakers from across Canada. The program consisted of a keynote address and background presentations about the technology; workshop sessions focusing on the use of card technologies in each of pharmacare, physician services, institutional care, and community health; and panel discussions concerning personal health records, confidentiality and security, and the business case for personal health cards.

Commission staff provided resources and support to the workshop sessions which focused on the identification of issues that need to be addressed before introduction of card technology. Panel sessions considered many of these issues, with panelists drawing conclusions about or making recommendations for the application of personal health cards. The Symposium Planning Committee synthesized this input into a series of findings and concrete recommendations, and with the assistance of Commission staff published a Final Report of the Symposium. These recommendations have been forwarded to the National Health Information Council who will be assuming the role for coordinating and monitoring future activities in the field of personal health cards and their applications.

SPECIAL CARE UNITS IN PERSONAL CARE HOMES

Two Special Care Units, one in the Bethania Mennonite Personal Care Home in Winnipeg and one in the Salem Home in Winkler, were opened in 1988. These purpose-built 10 bed units were designed as a pilot project, with special staffing and environment to provide intensive behavioral assessment and care planning for individuals whose behaviors could not be managed in the personal care homes where they resided.

The staff of the units assist in the return of the resident to the original facility once a successful treatment approach is developed. They are also involved in education and outreach consultations. In the case of Bethania, a Psychogeriatric Resource Team, which was developed after the unit opened, took over the education and outreach functions.

The units have developed differently as they have responded to the two communities with their differing populations and resources. For instance:

	Salem Unit	Bethania Unit
AVERAGE AGE:	82.8 years	60.8 years
AGE RANGE:	54-92 years	35-86 years
AVERAGE LENGTH OF STAY ON UNIT:	6.1 months	9.7 months

Five out of 12 admissions to Bethania were victims of brain injuries who displayed very severe behaviors. This group accounts for the low average age and the long length of stay.

It is expected that the role of the Bethania Unit will continue to change as the long term care system in Winnipeg strengthens its resources for individuals with brain damage or brain injury. Need for respite care and for assistance with care planning for those individuals with severe behavioral problems who live in the community was identified and is now available.

The Salem Special Care Unit will continue to serve facilities in the South Central Region of the province. They have identified the need for education of staff in the facilities as a major concern and will continue their efforts in this area.

The two Special Care units are no longer considered pilot projects. Evaluation will continue and, as needs change, and other resources become available the objectives of the units may also change.

WINNIPEG PERSONAL CARE HOME PSYCHOGERIATRIC RESOURCE TEAMS

The planning for three outreach teams with expertise in psychogeriatrics was initiated in response to the increasing number of residents with behavioral problems in Winnipeg personal care homes. Funding was made available to the Manitoba Health Services Commission in the Fall of 1988 and implementation of the plan started.

Three resource teams were developed, each one located in a facility with a special care unit or program and each one formally linked to a number of other homes.

Objectives

1. To provide each Winnipeg personal care home with consultative services on a regular basis to assist in developing effective facility-wide programs and environment for the management of behavioral problems.

2. To increase the understanding and the ability of administration and staff of personal care homes to care for individuals with mental health disorders through staff consultation and educational programs.

3. To assist staff in the management of behavioral problems through consultation on an individual resident basis.

Staffing

Each resource team was provided with funding of 2.0 EFT for professional staff and .5 EFT for clerical staff. The professional staff represents different disciplines, such as psychology, nursing, social work and occupational therapy.

Evaluation

Evaluation of the teams was an agreed to principle from the onset. There has been ongoing consultation and dialogue between the Long Term Care Programs Division and staff of the three teams. In the Spring of 1990, a one year review was started which consisted of two parts:

1. The collection of data relating to the activity of each team from start-up to January 1990.

2. An audit of 105 individual charts which represents 45.5% of the referrals made to the teams and a sampling of each of the personal care homes served.

Summary of Activity For All Three Teams From Start-up To January 1990

Staffing funded	- professional	6.0

- clerical support	1.5
TOTAL	7.5 E.F.T.

Total number of facilities served	33
Total number of beds served	4,555
Total number of individual consultations	231
Response time for consults	0-11 days
Total number of cases closed	146 (63%)
Total number of staff education sessions	149

Outcome

Marked improvement	32%
Slightly improved	19%
Unchanged	36%
Worse	3%
Deceased/No outcome yet	10%

The evaluation process will continue. As the teams continue to develop a working rapport with the individual homes and as the effect of the teams intervention is more widely felt, the system wide impact of these teams should be more easily identified.

INSURANCE DIVISION

The Insurance Division is responsible for the assessment and processing of claims received from practitioners and individuals, complex medical claims and claims for insured services rendered to Manitoba residents in other provinces, territories or countries.

Information on insured services and programs is provided to the public through the distribution of pamphlets, booklets, brochures and posters.

The division determines eligibility for insured services and benefits, and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility For Insured Health Services And Benefits

Manitoba residents are entitled to most of the insured health benefits provided by the Manitoba Health Services Commission.

When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies or the third party.

Newcomers from other provinces or territories, establishing permanent residence in Manitoba, must wait until the first day of the third month after arrival to be eligible for all benefits. The exception is residents in a personal care home (see last paragraph of this section). During the waiting period, new residents are encouraged to continue with the health insurance coverage plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba provided they have the appropriate documentation - ie. landed immigrant status, proof of Canadian citizenship if a returning Canadian, etc.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live or with the Commission.

Residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases, an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program covers insured services provided by physicians in health care facilities, in the physician's office or in the patient's home. Rates of

payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and Manitoba Medical Association. In 1990/91, the Commission processed 8,290,758 physicians' claims totalling $250.2 million. This represents an increase of 2.6 percent over 1989/90 expenditures.

Planned expenditures for the year were $259.1 million. The underexpenditure of $8.9 million is due to the following factors:

	$ (000's)
• the volume increase of fee for service components was lower than budgeted;	$ 8,492
• overstatement of 1989/90 year-end liability.	378
	$ 8,870

Under the inter-provincial reciprocal agreement, Manitoba physicians billed MHSC for 229,977 services, and received payment amounting to $5.7 million for treating residents of other provinces and territories.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors and dental surgeons.

Optometric benefits include a complete eye examination, with refraction and prescription, performed annually or as medically required. In 1990/91, the Commission processed 256,390 optometric claims totalling $6.4 million, an increase of 5.9 percent in claims, and 6.7 percent in payments over 1989/90. Planned expenditures for the year were $6.4 million.

Chiropractic services are insured up to a maximum dollar amount for each individual, for benefits received during a calendar year. In 1990/91, the Commission processed 537,743 chiropractic claims totalling $9.0 million, an increase of 4.0 percent in claims and an increase of 1.1 percent in payments from 1989/90. Planned expenditures for the year were $8.9 million.

Insured oral surgery services include certain surgical procedures performed by licensed dentists or registered oral and maxillofacial surgeons when hospitalization is required for the proper performance of the procedure. In 1990/91, the Commission processed 3,509 claims for oral surgery totalling $1.2 million, a decrease in claims of 9.7 percent and a 7.7 percent decrease in payments over 1989/90.

Ancillary Services

In addition, insurance is provided for a number of ancillary services such as prosthetic and orthotic devices, cleft lip/palate, post mastectomy breast forms and brassieres, hearing aids and orthopaedic shoes for children under 18 years of age, telecommunication devices for the profoundly deaf, eyeglasses for persons 65 years of age and over, artificial eyes, and contact lenses for infants with congenital eye defects.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are insured when prescribed by a medical practitioner. In 1990/91, 20,127 devices and services cost $2.5 million, an increase from 1989/90 of 6.9 percent in the number of devices and services supplied, and a decrease of 3.8 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18 years of age. In 1990/91, the Commission processed 715 cleft lip/palate claims totalling $131,530, a decrease of 33.4 percent over 1989/90 in the number of claims and a 2.0 percent increase in the amount paid.

Post mastectomy breast forms and brassieres costs are insured up to a maximum limit of $142.00 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $11.40 per surgical brassiere, up to a total of two brassieres in each 12 month period, is also provided. In 1990/91, the Commission processed 1,373 claims for breast prostheses and surgical brassieres totalling $134,158, a decrease of 2.6 percent in the number of claims and a decrease of 2.8 percent in the amount paid over 1989/90.

For children under 18 years of age, the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, to a maximum benefit of $311.00, plus the cost of services related to fitting the devices in excess of a deductible amount of $75.00 every four years. Additional hearing aids may be subsidized, during the four year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1990/91, the Commission processed 112 audiological claims resulting in payment for 172 hearing aids totalling $54,553, an increase of 7.7 percent from 1989/90 in the number of claims, and an increase of 30.3 percent in the amount paid.

The cost of orthopaedic shoes are insured for children under 18 years of age. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $25.80 and 50 percent of the cost of shoes for children with different size feet to a maximum benefit of $38.75, and 50 percent of the cost of custom-made shoes to a maximum benefit of $129.00. Up to $5.15 per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1990/91, the Commission processed 709 claims totalling $18,993, a decrease of 5.3 percent from 1989/90 in the number of claims, and a decrease of 4.0 percent in the amount paid.

The Commission insures the cost of telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone

conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible of $75.00, to a maximum of $397.00. In 1990/91, the Commission processed 41 claims for such devices totalling $14,351 , an increase of 2.5 percent from 1989/90 in claims, and an increase of 34.1 percent in the amount paid.

The Commission partially insures the cost of eyeglasses for persons 65 years of age and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50.00. In 1990/91, the Commission processed 22,810 claims for eyeglasses totalling $731,169, an increase over 1989/90 of 0.5 percent in claims and a decrease of 3.9 percent in the amount paid.

Artificial eyes and related services are insured up to an approved amount. In 1990/91, 216 claims were processed, totalling $43,076, an increase of 14.9 percent over 1989/90 in the number of claims and an 8.6 percent decrease in the amount paid.

Initial fitting of contact lenses for congenital eye disorders for infants are insured up to a maximum of $190.00 for each lens. In 1990/91, four claims were processed totalling $940, a decrease of 42.9 percent in claims and a 29.3 percent decrease in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1990, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $92.75 in 1990, revised as of January 1, 1991 to $96.90, for families where at least one member was 65 years of age and over; and $163.65 in 1990 revised as of January 1, 1991 to $171.00, where all members of the family were under 65 years of age.

Advice and guidance on the listing of eligible drugs and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Advisory Committee.

In 1990/91, the Commission's expenditure for Pharmacare was $49.8 million as compared to $44.6 million in 1989/90, an increase of 11.7 percent in the amount paid. Planned expenditures for the year were $51.1 million. Claims processed for the 1990 benefit year were 221,702, an increase of 4.6 percent over the previous fiscal year.

LABORATORY AND X-RAY SERVICES DIVISION

The Laboratory and X-ray Services Division provides diagnostic and public health services to the citizens of Manitoba. The Division comprises two main components: the Cadham Provincial Laboratory (CPL) in Winnipeg and the Laboratory and X-ray Unit System (LAXUS) throughout rural Manitoba.

Administration Section

Training at both CPL and LAXUS has been enhanced in the use of microcomputers. In 1990, there were several courses on Microcomputers and DOS, Lotus Beginner 1 and Lotus Beginner 2. Courses were presented at the ISSB Training Centre; use of their facilities was on a "trade basis" i.e., for every day that Division staff taught other Government staff, the facilities were provided for one day free of charge.

Evaluation has been conducted of utilization management of diagnostic tests performed throughout the Province. This has enabled a focus on most commonly used tests and has stimulated a number of initiatives to improve the quality assurance of diagnostic testing.

A consulting epidemiologist has been involved in establishing active laboratory based surveillance for diseases such as Chlamydia trachomatis infection. This is the most common cause of sexual transmitted infection and can lead to pelvic inflammatory diseases, ectopic pregnancy and tubal infertility.

LAXUS

The Laboratory and X-ray Unit System (LAXUS) provides diagnostic laboratory, radiology, ultrasound and electrocardiography services to 72 communities in rural and northern Manitoba. Additionally, LAXUS provides diagnostic resources to federal hospitals in Hodgson and Norway House, and to Winnipeg's Mount Carmel Clinic.

Diagnostic ultrasound was expanded in the Parkland Region with the introduction of a Dauphin-based mobile service. The service visits Swan River, Roblin, Grandview, McCreary, Ste. Rose and Winnipegosis.

CADHAM PROVINCIAL LABORATORY

The Cadham Provincial Laboratory is responsible for the delivery of diagnostic and public health programs in clinical microbiology, serology, environmental microbiology, virology, parasitology and metabolic diseases.

There are five major Sections at CPL. They are:

Virus Section

New and rapid methods have been introduced to detect virus infections caused by herpes viruses in cancer patients receiving chemotherapy and in transplant recipients. Molecular methods have been established for the diagnosis of the papilloma virus (linked to cancer of the cervix) and AIDS virus.

Metabolic/Chemistry Section

The Section of Metabolic Diseases and Chemistry continues to experience a growing demand for cholesterol tests. This is due, in part, to the emphasis in literature of the role of elevated cholesterol levels in coronary heart disease. The CPL, in cooperation with the Westman Regional Laboratory, is stressing to its clients the importance of patient preparation before sampling and an orderly approach to testing to provide accurate lipid assessment where there are many pre-analytical variables in operation. The goal is to provide more accurate patient diagnosis in a more economical manner. The section has recently turned its attention to thyroid testing with the same goal in mind.

The Manitoba Newborn Screening Program, which is recognized as one of the most comprehensive on the continent, marked its 25th anniversary of screening all newborns in the province in 1990. Newborns are tested for certain endocrine and metabolic disorders which are treatable, but if undetected at birth could result in serious impairment of mental and physical development. Up to the end of 1989, 423,065 infants were screened and 144 significant disorders detected for an incidence of 1:1,236 infants affected. Two of the common disorders detected are phenylketonuria (PKU) and congenital hypothyroidism.

Clinical Microbiology Section

Detection of sexually transmitted diseases (STD's) is an important function of the Clinical Microbiology Section. The accuracy of the Chlamydial test using the blocking antibody has recently been assessed in comparison to a genetic amplification method. Research in the area of STD in sexually abused children continues in conjunction with the Child Abuse Clinic in the Children's Hospital. Investigation of food poisoning is ongoing and indicates that food poisoning is a frequent problem in Manitoba. New microbiological testing systems are also assessed for accuracy and usefulness.

Serology Section

The Serology Section tests for infection with the AIDS virus; the serodiagnostic program for HIV testing was supplemented by a seroprevalence study funded by the National Health Research Development Program. Lyme Disease was studied extensively by serological testing, analysis of clinical and epidemiological data as well as by testing of ticks and rodents collected in Manitoba. B. burgdorferi was not isolated in Manitoba in 1990. Screening tests for antibodies to the newly discovered Hepatitis C were carried out and confirmatory tests have been added. A Ph.D. candidate working on Cryptosporidium in the Parasitology section graduated this year, being the first student to be granted this degree while based in the CPL.

Environmental Microbiology Section

In collaboration with Health & Welfare Canada, the City of Winnipeg Health Department and Manitoba's Environmental Management Division, the CPL participated in a study of ground beef sold in grocery stores. The study aimed at the detection of toxin-producing E. coli bacteria causing bloody diarrhea and Haemolytic Uraemic syndrome. In addition, this section has

taken a more active role in linking clinical and environmental laboratory results, thus helping in the epidemiological study of food and waterborne illnesses.

HOSPITAL FACILITIES DIVISIONS

Hospitals

The Urban Health Facilities Division and the Rural Health Facilities Division of the Commission have responsibility for recommending funding for Manitoba hospitals, community health centres and related facilities such as the Manitoba Cancer Treatment and Research Foundation. The Rural Division also recommends funding for some juxtaposed personal care homes that have close relationships with rural hospitals.

As of March 31, 1991, Manitoba had a total of 5,503 active treatment beds and 902 extended treatment beds to service a population of 1,130,474 or 4.9 active and 0.8 extended treatment beds per 1,000 population.

Fifty-six percent of the population live in the City of Winnipeg, which has 3,168 active treatment beds and 691 extended treatment beds. There are two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,113 beds, plus two extended treatment centres, one specialty facility for children, and an adolescent psychiatric facility. Because rural Manitobans and non-residents accounted for 19.8 percent of patient days in Winnipeg hospitals, the active and extended treatment beds available to Winnipeg residents were 4.8 per 1,000 population.

Manitoba's rural population is served by 70 community and district hospitals ranging in size from under 15 beds to 40 beds, plus two federal hospitals and 18 federal nursing stations, as well as the beds used in Winnipeg hospitals.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These consultants cover most aspects of hospital operations including staffing patterns, laboratory and organ imaging diagnostic services, nursing, dietetics, pharmacy and other support services including administration and finance. They also assist in the planning, development and implementation of programs.

Finance officers review budget submissions and financial and statistical returns, and prepare rate recommendations and year-end settlements.

Hospital Insured Services

Health services provided to persons in hospital as insured services include:

* standard ward accommodation and meals (for preferred private or semi-private bed accommodation a hospital may bill a patient directly);
* necessary nursing services;
* laboratory, radiological and other diagnostic procedures;
* drugs, biologicals and related preparations;

* use of operating room, case room and anaesthetic facilities;
* routine medical and surgical supplies;
* radiotherapy, physiotherapy, occupational and speech therapy; and
* other goods and services approved by the Commission.

Most out-patient services are insured. In some cases, the hospital may charge for take-home supplies of drugs and dressings.

In 1990/91, insured hospital services cost $908.0 million, an increase of 8.2 percent over 1989/90. This covered 1,724,699 insured days for separated patients (1,649,858 for adults and children, and 74,841 for newborns), a decrease of 1.6 percent over 1989/90.

Planned expenditures for the year were $907.4 million.

Community Health Centres

In 1990/91, the Commission continued to fund the operation of eight Winnipeg community health centres and five in rural Manitoba. Additionaly, in the summer of 1990, the Southwest Health District (Melita and Deloraine) was sanctioned to expand its mandate to include responsibilities for public health, continuing care and community mental health. Southwest had earlier converted to a predominantly salaried system of providing medical services. Although each centre provides a number of specialty services to specific client groups, most of them provide comprehensive primary health care to their respective clientele or community.

Magnetic Resonance Imaging - St. Boniface General Hospital

In November 1990, the St. Boniface Hospital Research Foundation began providing clinical Magnetic Resonance Imaging services to Manitoba residents who previously were required to travel out of province to obtain this service.

Operating costs are supported, in part, by the Manitoba Health Services Commission in recognition of 40 hours per week of clinical investigation. It is anticipated an equal amount of research activity will be conducted but will be funded by the Research Foundation.

Under this agreement 2,000 scans will be performed annually.

Bone Marrow Transplant Program

The Bone Marrow Transplant Program for Manitoba was approved in November 1989 as a joint venture by the Health Sciences Centre, the Manitoba Cancer Treatment and Research Foundation and the Canadian Red Cross Society. The total approved operating budget for the program was $1,543,974.

The first bone marrow transplant took place in November 1990 at the Health Sciences Centre. Program development continues and by the summer of 1991 it is expected that the pediatric portion of the program will be operational. Until now, patients requiring bone marrow transplants had to travel out-of-province

for treatment.

The Manitoba Home Nutrition Program

The Manitoba Health Services Commission approved a Manitoba Home Nutrition Program which made it feasible for patients who require nutrition support parenterally to receive this in their home rather than requiring long term hospitalization. Patients requiring enteral nutrition by a feeding tube or patients requiring hydration therapy can be maintained in their homes as well. The program consists of a specialized multidisciplinary team of physicians, nurses, dieticians and pharmacists who provide assessment, treatment, follow-up and education to patients and their families.

Hemodialysis Program - Thompson

In June 1990, a Dialysis Unit was opened in the Thompson General Hospital. Establishment of this program allowed patients who previously had to relocate to Winnipeg to now receive dialysis in their home community. The unit which has three stations is currently accommodating four patients and has the capability to expand. Thompson is the sixth unit to open outside of Winnipeg as part of a comprehensive Local Centres Dialysis Program.

Equipment

The Manitoba Health Services Commission provided $9.25 million through approved borrowing authorization for equipment which included the following:

- Health Sciences Centre - Pediatric Intensive Care monitors ($914,600), Provincial Home Care Ventilator Program equipment ($415,000), Operating Room ugrading equipment ($390,500), Patient Furnishings ($175,300), Radiology ($270,400), Laboratory Upgrade ($329,600), Obstetrics and Gynecology ($108,500), Anaesthetic equipment ($126,000), Medical Information equipment ($229,400) and Patient Support Service equipment ($379,700).

- St. Boniface General Hospital - Radiology upgrade ($330,500), Obstetrical equipment ($407,000) and Anaesthesia and Critical Care monitoring equipment ($281,600).

- Misericordia General Hospital - Intensive Care monitoring equipment ($621,200) and Radiology upgrading ($165,700).

- Brandon General Hospital - Echocardiography equipment ($500,000).

Pay Equity

The Pay Equity Act of Manitoba requires 23 health care facilities to implement pay equity as defined by the Act. Twenty-two of these health facilities are funded by the Manitoba Health Services Commission while one facility is funded through the Department of Family Services.

The facilities funded by the Commission include 12 rural health care facilities, one research and treatment facility, two teaching hospitals, one extended treatment facility and six urban hospitals.

The hourly pay equity increase which occurred in August 1990, covered the first two years' adjustments. In excess of $4.2 million was added to base salaries in the first year, and a further $4.4 million in the second year for a total basic wage increase of $8.6 million. The third increase to the base salaries occurred in December 1990, bringing the total base adjustment for the three years to $13.6 million.

A fourth and final increase will occur after October 1, 1991. This adjustment is estimated to be approximately $5.0 million.

When the final pay equity increase is processed, in excess of $18.6 million will have been added to the annual base salaries of some 13,000 employees. This amounts to an average adjustment of 71 cents per hour or approximately $1,430 annually for each employee covered by pay equity.

LONG TERM CARE PROGRAMS DIVISION

The Long Term Care Programs Division administers the insured personal care home program and is responsible for planning and developing new programs to meet emerging needs. The division approves funding, and establishes and monitors standards for all free-standing personal care homes, the Adult Day Care Program, the Respite Care Program in personal care homes, and Deer Lodge Centre. The division also approves funding for Community Therapy Services Inc. and monitors the program.

In line with its responsibility for the overall management of the Insured Personal Care Home Program, the division carries out the ongoing task of revising and updating program guidelines and policies. In 1990, revised editions of the following were distributed:

* The Planning Guide for Personal Care Homes in Manitoba is a resource to builders, planners, architects, boards and staff of facilities and all those involved in the construction and renovation of personal care homes. This Guide was updated to reflect changing needs, and incorporated suggestions from users.

* The Personal Care Home Program Administrative Manual is a resource for the administration of personal care homes which assists them in their day to day operations. This manual was reviewed and updated in 1990.

* Guidelines to Physicians' Services in Personal Care Homes.

* Early in 1980 the Faculty of Continuing Medical Education, in cooperation with the Manitoba Health Services Commission, conducted a Symposium in Winnipeg on geriatric topics of interest to doctors who were providing care to personal care home residents. One of the recommendations from the Symposium was to develop written guidelines to Physicians' Services in Personal Care Homes. These guidelines were initially developed in 1980 following the Symposium. Subsequently, two joint reviews were carried out by the College of Physicians and Surgeons of Manitoba and the Manitoba Health Services Commission. The revisions reflect current approved medical practice and are endorsed by the College. The guidelines are intended as an aid to clinical judgment rather than a fixed protocol.

Personal Care Home Program

Admission to a personal care home is determined by an assessment panel of health professionals which may include a physician, a nurse, a social worker and the Regional Continuing Care Coordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. As of March 31, 1991, 3.2 percent of residents were at level one, the lightest level, 30.5 percent were at level two, 35.3 percent were at level three and 31.0 percent were at level four.

As of March 31, 1991, 51.4 percent of all personal care home residents were

over 85, 19.8 percent were between 80 and 84, 12.6 percent were between 75 and 79, 7.3 percent were between 70 and 74, 4.1 percent were between 65 and 69, and 4.8 percent were under 65. There was a 1.9 percent increase in residents over age 85 from March 1990.

The Personal Care Home Program provides the following insured benefits:

* accommodation at the standard ward level;
* meals, including special and therapeutic diets;
* necessary nursing services;
* routine medical and surgical supplies;
* prescribed drugs, biologicals and related preparations approved by the Commission;
* physiotherapy and occupational therapy services;
* routine laundry and linen service; and
* other goods and services approved by the Commission.

Since 1973, when Manitoba became the third province to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1991 this charge was $22.70 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1990/91 the cost was $221.4 million, an increase of 12.0 percent over 1989/90, for approximately 3.0 million resident days in 117 facilities. Planned expenditures for the year were $225.9 million. The underexpenditure of $4.5 million is due to the following factors:

	$ (000's)
• delays in new construction and/ or renovations;	$ 2,199
• delays in opening of new beds at Deer Lodge;	2,602
• funding of personal care home employees' long term disability insurance plan less than estimated amount; and	1,084
• price - economic increases funded but not included in printed estimates (i.e., M.N.U. Contract).	(1,356)
	$ 4,529

As of March 31, 1991, 33 of Manitoba's personal care homes were in Winnipeg with a total of 4,626 beds, and 84 are in other regions with a total of 3,813 beds.

Seventeen of Manitoba's personal care homes - 12 in Winnipeg, 2 in Brandon and 3 in rural areas - are privately owned and operated; 99 are non-proprietary and are operated by municipal authorities, non-profit religious or charitable groups, and service organizations. One is owned and operated by the provincial government.

Deer Lodge Centre

In March, 1991, 55 temporary personal care home beds were opened in the South Pavillion of the Deer Lodge Centre. These will be closed when new Winnipeg personal care home beds are available.

The Chronic Care Units were expanded during this fiscal year to include an additional 23 beds for the Respiratory Program. As well, plans are underway for the opening of 21 beds for the care of the neurologically impaired.

Personal Care Home Drug Program

The P.C.H. Drug Program provides funding for all pharmaceuticals supplied to the residents of personal care homes. Over the past few years, changes have been made to this program; the overall objective is to improve drug utilization in the personal care homes and decrease drug costs.

The Personal Care Home Prescribing Guide was introduced in April 1987. The second edition will be available in the spring of 1991. As an additional source of drug information, a newsletter is circulated to the personal care homes, and to the doctors and pharmacists practicing in the personal care homes. The newsletter provides information on specific drugs and specific areas of drug therapy.

Pharmacists are reimbursed for their services on the basis of the cost of the drugs supplied to the homes, plus a capitation fee which is currently $25.15 per bed per month.

These changes have had a positive effect on the personal care homes in terms of improving drug utilization and decreasing drug costs.

Adult Day Care Program

Provincial policy for Adult Day Care was originally developed in 1979. The need for Adult Day Care was recognized as a means of providing for recreational, social and peer group interaction which cannot be provided in a person's home through other resources of the provincial Home Care Program. Adult Day Care is a resource to the Continuing Care Program, as another service which supports community living. The primary objective is to strengthen the individual's ability to function in the community by preventing physical and mental deterioration which often results from social isolation and loneliness. Most programs are sponsored by and located in personal care homes, with the exception of eight programs which are free standing.

Adult day care programs provide the following:

- programmed recreation and socialization;
- co-ordination and/or provision of transportation;
- nutritious meals and snacks;
- availability at least 2 days/week and 4-6 hours/day; and
- use of volunteers in the delivery and enrichment of the program.

In some instances certain other supports may be required. These may include assistance with ambulation and toileting, orientation, etc. The provision of other services offered by the sponsor will be determined by the nature and extent of the sponsor's resources and the identified needs and interests of the individual client.

The recreation and socialization components are individualized and goal directed. Programs are geared to re-engaging the participant in activities and relationships necessary for meaningful living.

Total provincial capacity in 1990/91 was 10,503 participant days in 48 programs. In 1990/91, the Adult Day Care Program cost $1,694,000, an increase of 18.5 percent over 1989/90. A total of 1,486 individuals whose average age was 79, benefitted from participation in these programs.

Respite Care Program in Personal Care Homes

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers periods of planned respite to families by providing dependent relatives with short-term admissions to personal care homes.

At March 31, 1991, there were 42 personal care home sponsors, 21 in

Winnipeg and 21 in rural Manitoba. In 1990/91, 565 people used respite beds in 925 separate admissions, for a total of 13,724 days of care. Average age of all clients was 79.

Adult Disabled Report

Although adult disabled Manitobans make up less than 5% of personal care home residents, their needs vary markedly from the majority of personal care home residents. In 1990, the Long Term Care Programs Division coordinated a study to examine and document the particular needs of this group and make recommendations for the future.

The study confirmed that the specialized needs of younger personal care home residents are growing further away from the needs of the majority. This is due, in part, to the changing nature of the majority itself since the typical resident is likely to be more elderly and cognitively impaired than in years past. These factors increase the challenge to design programs and facilities that adequately address the needs of the adult disabled while continuing to maintain the high quality of care being provided to the elderly.

EMERGENCY HEALTH AND AMBULANCE SERVICES DIVISION

Emergency Health Services Section

The Emergency Health Services Section is responsible for the ongoing development of a comprehensive disaster response plan, and the coordination of provincial health responses to any emergency or disaster situation which may compromise the health and well-being of the population.

In the last year, Emergency Health was called on 21 times to provide assistance in emergency situations. These requests have been for assistance in such events as evacuations due to fires, chemical contamination and the coordination of Manitoba Health's response to the Manitoba Nurses Union job action. In addition to these responses, Emergency Health has been on standby a number of times for such events as the possible return of injured troops from the Gulf War and standbys at the Winnipeg International Airport for planes experiencing mechanical problems.

Emergency Health provides assistance to the various divisions of Manitoba Health and to hospitals, long term care facilities, ambulance services and municipalities in the development of their respective emergency plans. Emergency Health also helps these agencies exercise their respective emergency plans by assisting in organizing and providing critiques of mock disasters. These exercises involve other municipal (ie. local fire and police) and provincial (ie. Manitoba Emergency Measures Organization, Fire Commissioner's Office etc.) agencies. During the last year, 13 such exercises were held in the province.

A provincial network of certified Casualty Simulators has been developed. These individuals volunteer their time to be trained and certified in the art of applying make-up to simulate patient injuries. These simulated patients are used to add realism to training programs and mock disasters.

To help the Province be better prepared for major disasters, Emergency Health Services is responsible for a stockpile of approximately $4.5 million worth of Federal Emergency Health Supplies. These supplies range in size and contents from first aid supplies to complete 200-bed hospitals pre-packed and pre-positioned at approximately 70 locations across the province.

Emergency Health offers various training programs for facilities. In cooperation with the Provincial Emergency Measures Organization, Emergency Social Services and the Fire Commissioner's Office, four annual training seminars are provided for approximately 150 individuals in the "Emergency Planning for Care Facilities" course. In cooperation with the Emergency Services Division of Health and Welfare Canada, additional training is provided at the Canadian Emergency Preparedness College in Arnprior Ontario. These training programs are filled with selected candidates from each province. The programs provide additional training in Emergency Health Planning, Hospital Emergency Planning, and Mass Casualty Triage. During the last year Emergency Health Services has

filled 24 seats on such programs with candidates from various health agencies in Manitoba.

Emergency Medical Services (Land Ambulance)

The Emergency Medical Services Program provides two financial grants to ambulance services. One of these is the per capita grant assistance program which subsidizes municipal governments in operating local ambulance services. One hundred eighty-five municipalities and towns, 19 local government districts, four Northern Affairs communities and one provincial government department participate in ambulance programs. The municipal per capita grant, totalling $2.3 million in 1990/91, may be applied towards subsidizing operating costs or purchasing ambulance vehicles and equipment.

On March 23, 1989 the Minister of Health announced a second, additional provincial ground ambulance funding program based on a more equitable funding formula. $1.9 million was provided for 1989, with additional funding of $950,000 to be allocated for both 1990 and 1991. These funds are paid directly to provincial ambulance services and assist with operational and capital costs. The new direct ambulance grant will enable services to develop the most appropriate operations for the areas served, contributing as needed to more advanced training, and more up-to-date equipment or vehicles. In 1990/91, some 2,000 licensed ambulance attendants or driver/attendants operated 127 ambulances in 89 services throughout the province. They attended approximately 65,000 calls for service.

Each ambulance service and all ambulance attendants and/or driver/attendants are licensed by The Manitoba Health Services Commission. Ambulance vehicles and equipment are inspected on a regular basis to ensure compliance with provincial standards. The majority of attendants and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have proprietary ambulance services.

The Manitoba ambulance service training program for ambulance personnel has now certified in excess of 2,000 people at First Responder level; of these, approximately 778 are presently active. The First Responder Program, a 90-hour skills oriented package, was developed and is coordinated by Commission staff. It is delivered throughout the province by 107 certified community volunteer instructors. The Commission is also assisting in training First Responders through the University of Winnipeg, the Winnipeg Fire Department and the provincial Fire Commissioner's Office.

The Emergency Medical Attendant I training level is a 180 hour instructional program. Selkirk, Brandon, Flin Flon, Pine Falls, Pinawa and Winkler presently operate services with E.M.A. I trained staff.

The Commission has trained 16 Emergency Medical Attendant I Instructors and certified 200 personnel to the more advanced E.M.A. I providers. They function in a number of communities throughout Manitoba. Winnipeg has 100 E.M.A. I's and E.M.A. II's trained by the City in programs recognized by the Province. An E.M.A. examination team has been introduced this year with the purpose of providing objective practical skill evaluations of all E.M.A. candidates.

Additional training modules have been developed and are accessed through a local ambulance medical director to further train ambulance attendants. These include the Intravenous Maintenance and the Semi-Automatic External Defibrillator programs. Seminars are held as required to update and recertify the large instructor network.

An Ambulance Coordinators Conference is held in Winnipeg annually with over 100 ambulance coordinators and local ambulance committee members attending. This conference provides administrative and management training to professional and volunteer ambulance coordinators.

Ambulance service training is reviewed and approved by an Ambulance Services Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide ambulance care providers in critical care situations. A First Responder/E.M.A. Advisory Committee provides suggestions on implementing the program directives proposed by the Medical Advisory Committee. The Ambulance Services Administrative Advisory Committee reviews and advises on administrative policy matters and regulatory proposals. It includes rural, urban and allied interest group ambulance service administrative representation.

The 1990/91 operating cost of this program was $5,578,400 as compared to planned expenditure of $6,435,200. The under expenditure of $856,800 is due to an overstatement of the 1989/90 year-end liability.

Emergency Aeromedical Services - Lifeflight Air Ambulance

Lifeflight provides safe emergency aeromedical transportation for seriously ill and injured Manitoba residents from rural and northern Manitoba to Winnipeg referral centres. During 1990/91, Lifeflight transported 719 seriously ill patients.

The Lifeflight Program serves all areas of the province; all Manitoba residents are potentially eligible. The primary role is to provide safe, long distance interfacility transport of the seriously ill and injured within the province, while providing exemplary health care. The addition of Emergency Intensive Care specialists for in-province aeromedical transport advice and escort has extended the medical expertise available in Winnipeg to rural Manitoba. A suitable aircraft is also provided for transportation of eligible Manitobans to health care facilities outside of the province to obtain care unavailable in the province.

Evaluation of the Lifeflight Program by the communities served, confirms the service is essential, efficient and of superior quality. The addition of 24-hour physician services is considered to be a significant improvement as it allows the expert care required by the critically ill patient to be delivered, and reduces the drain on the limited community resources.

The Medical Director monitors the quality of medical care being delivered. The Manitoba Ambulance Services Medical Advisory Committee reviews medical protocols, training and service issues. The Manitoba Ambulance Services Administrative Advisory Committee is consulted on administrative matters. The Aeromedical Transport Advisory Committee was formed in early 1990 to review and advise the Manitoba Health Services Commission on aeromedical transport in Manitoba, including the Lifeflight Program. Nursing care standards are

evaluated by the Lifeflight Supervisor through chart audit procedures.

Lifeflight is staffed by six specially trained flight nurses with experience in critical care and emergency nursing. These nurses also have extra training which includes altitude physiology and the effects of flight on patients, Advanced Cardiac Life Support Certification, ground school and aircraft safety, restricted radio operator's license, survival skills and ambulance skills training.

The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specially equipped for emergency patient care. Some 45 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions. Many other communities can receive service through "rendezvous" arrangements at nearby airfields. The aircraft is operated by the Manitoba Government Air & Radio Branch. Ten skilled pilots with northern flying experience, aeromedical training, and Basic Cardiac Life Support Certification provide the required dual pilot coverage 24 hours a day. The Lifeflight Program is regarded as one of the best emergency aeromedical transport programs in Canada.

The 1990/91 operating cost of the Air Ambulance Program was $2.5 million. Aircraft leasing costs were $653,000.00. The aircraft was purchased outright for $1.2 million in November, 1990. The planned expenditures for the year were $4,329,500.

Northern Patient Transportation Program

The Northern Patient Transportation Program subsidizes costs for medically necessary transportation initiated in the areas designated as remote/northern Manitoba. Since October 1, 1988, the legislative mandate providing for this Program has been under The Ambulance Services Act. Travel must begin above the 53rd parallel on the west side of Lake Winnipeg or above the 51st parallel on the east side of that lake.

The population within this catchment area is approximately 77,000 people. Residents who must access treatments not available in the Northern communities, or who must obtain care in a tertiary hospital in Winnipeg, or who must access physicians/specialists not available in their home community, create a significant demand for elective transport. The Northern Patient Transportation Program addresses these needs by providing a subsidy for patient travel, and for the qualifying medical care and assessments identified in the Northern Patient Transportation Program Administrative Manual. Under the elective portion of the Program travel by physicians who conduct clinics and treatments in the north is subsidized.

Elective transportation is administered by regional committees. These are located in Thompson, Flin Flon, The Pas and Churchill; each retains a transportation officer to oversee the issuance of travel warrants in its region. The qualifying communities on the east of Lake Winnipeg are an exception to this as their coverage is administered directly by the Manitoba Health Services Commission.

Where a patient's condition is acute or severe, an "emergency" program is also available to subsidize expenses for transportation when charter aircraft, family vehicle or ground ambulance are required.

The Northern Patient Transportation Program is assisted by an active Advisory Committee comprised of representatives from the Manitoba Health Organizations, Inc., the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Northern Medical Unit, the social work departments of the tertiary care hospitals, and representatives from the four regional committees which provide local direction to the Program. The Committee has undertaken an indepth review of the guidelines by which the Program operates.

In 1990/91, the total program cost was $3,136,800 as compared to planned expenditures of $2,725,200. The increase of 15.1 percent is due to price and volume increases in excess of the budget provision.

CONSTRUCTION PROGRAMMING DIVISION

The Construction Programming Division contributes to the Commission's legislated mandate to plan, organize and develop a balanced and integrated system of health facilities (hospitals, personal care homes and clinics), commensurate with the needs of the residents of the province, through its role in the planning, maintenance and support of the health care system's infrastructure. The Division is responsible for the construction of all health care facilities funded by the Commission.

The Construction Programming Division consists of three sections:

1) Planning & Programming
2) Construction
3) Capital Financing

The Planning & Programming Section is responsible for establishing the parameters of a construction project such as the number of beds, the types of programs and the volumes of service. Staff in this section work with the health facility sponsors during this early phase before the project proceeds to the design stage.

The Construction Section is staffed with professionals in engineering, architecture and construction management. They monitor and review the design and construction activities including new construction, major renovations and extraordinary and preventive maintenance.

The Capital Finance Section is responsible for budgets and scheduling and approval of construction funding. Staff of this section also establish interim and long-term financing, ensure the orderly repayment of capital debt and audit construction projects.

During 1990/91, 14 major construction projects and 36 life safety upgrade and minor health facility regeneration projects were completed at a total cost of $41,208,052. The major projects included:

* a new 25-bed multi-use combined hospital and personal care home at Benito;

* various renovations to the Brandon General Hospital;

* a new 26-bed multi-use hospital and personal care home in Manitou;

* a new 25-bed hospital replacement at Virden;

* a new 20-bed personal care home at Pine Falls juxtaposed to the hospital;

* upgrading projects at the Eastview Lodge in Neepawa and at the Foyer Notre Dame;

* a renovated building for Klinic, Inc. in Winnipeg;

* replacement of 65 hostel beds with 84 new personal care beds and other

upgrading at the Fred Douglas Lodge in Winnipeg;

* a dietary addition at the Sharon Home in Winnipeg;

* laboratory upgrade at the Concordia Hospital;

* facility upgrading and program renovation projects at the St. Boniface General Hospital; and

* Radiology Phase II at the Health Sciences Centre.

Construction has continued and new projects initiated during the year on another 24 major construction projects at a total cost of $209,144,176. These included:

* a 15-bed addition to the Dauphin Personal Care Home;

* a 30-bed addition to the Roblin Personal Care Home;

* an upgrading project at the Third Crossing Manor in Gladstone;

* a new 27-bed hospital in Minnedosa;

* a new 60-bed personal care home in Portage la Prairie;

* the new Public Health Building at the Thompson General Hospital;

* the second stage of the new 10-bed hospital and 14-bed addition to the care home in Vita;

* the addition of 60 chronic care beds at the Concordia Hospital in Winnipeg;

* renovations to provide 60 personal care beds to the South Pavilion of the Deer Lodge Centre in Winnipeg;

* an additional 25 personal care beds and upgrading at the Golden West Centennial Lodge in Winnipeg;

* a 27-bed addition to the Sharon Home in Winnipeg;

* upgrading emergency power, upgrading and equipping operating rooms, building service upgrade, program related renovations, renovations to Ambulatory Care, Intermediate Care Nursery, Radiology Phase III and Health Action Centre, and a new Psychiatric Facility at the Health Sciences Centre;

* Stage Two of the Redevelopment at the Misericordia General Hospital;

* West Side Project - upgrading and expansion of the operating rooms and laboratories and expansion and renovations to the 'O' Block to provide for a dual energy linear accelerator at the St. Boniface General Hospital; and

* replacement of the 65-bed hostel section and upgrading of the Middlechurch Home of Winnipeg.

FINANCE AND ADMINISTRATION

Finance and Administration is responsible for the financial and administrative services of the Commission. These include the Comptroller's Office, Administrative Services, Human Resources Programs, Health Information Systems and Internal Audit.

The first stage of amalgamating the financial and administrative functions of the Commission and the Department of Health was undertaken with the appointment of F. S. Anderson as Assistant Deputy Minister, Finance and Administration, with responsibilities for both the Commission and the Department. The completion of the amalgamation through the integration of the staff of both areas into a cohesive, single Finance and Administration Division to serve the Commission and the Department will be done during fiscal year 1991/92.

Comptroller's Office

The Comptroller's Office is responsible for general accounting, control of assets, budgetary planning, monitoring expenditures for health programs and reporting on expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 98 to 106.

Administrative Services

The Administrative Services Section provides a central administrative support service to the Commission including office services, physical plant services, a centralized purchasing service and library services.

The Commission's administrative costs in 1990/91 were $20.4 million, an increase of 4.7 percent over 1989/90; planned expenditures were $20.7 million. The administrative costs represented 1.4 percent of the total expenditure.

Human Resources Programs Section

The role of the Human Resources Programs Section is to provide effective and efficient human resource management programs and services. These must conform to government policy, legislation and collective agreements, and support stated departmental goals and objectives.

At March 31, 1991, the Commission employed 748 people, compared to 742 on March 31, 1990, including 56 job-sharing employees in 28 positions and six employees in three split positions.

During the 1990/91 fiscal year, the Commission provided opportunities for work experience to 21 individuals enrolled in business skills/secretarial programs and vocational training centers. Sponsoring agencies included the Red River Community College, the Robertson Career College, the Teulon Collegiate, the Business Learning Opportunities, the Morden Adult Vocational Centre, the Manitoba School for the Deaf, the Warren Collegiate and the St. James Industry

Placement Office for Disabled Persons. Students received training and experience while providing assistance to several divisions/sections within the Commission including Urban Health Facilities, Long Term Care Programs, Insurance, Laboratory & X-Ray Services, and Human Resources Programs. Subsequently, two people were employed in term positions.

In the summer of 1990, the Commission employed 21 students through the Student Temporary Employment Program. One student was employed in pharmacy, 18 in laboratory and two in other health related projects.

The Commission also conducted six educational sessions for 74 University of Manitoba fourth year medical students. These two-hour sessions provided the students with a general orientation to the Commission's organizational structure, operations and programs. Commission staff representing the Management Information Systems Division, the Standing Committee on Medical Manpower, the Insurance Division and the Facilities Divisions focus on significant points of interest within their specific fields. In addition to the presentation material, students are given an opportunity to obtain clarification and/or additional data at a question and answer session. These seminars conclude with a tour of the Commission building. The Faculty of Medicine, at whose request the seminars were initiated several years ago, consider them to be an important component of the medical students' education.

One physician, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent four weeks at the Commission speaking with senior divisional staff, reviewing information provided by staff and observing operations. The purpose of this session was to provide the physician with a more detailed insight into how the Commission administers insured medical programs.

Affirmative Action:

Affirmative Action continues to be a major emphasis in all human resource activities of the Commission. There has been a steady increase in the representation of Native, disabled and visible minority target groups within the Commission's staff complement. Information sessions for managers, supervisors and other staff were held in December, 1990 and January, 1991 to heighten awareness of the Affirmative Action policies and programs.

Career development opportunities for clerical and secretarial staff continue to be implemented through job rotation, acting status, special assignments and appropriate training.

A Telecommunication Device for the Deaf (TDD) was installed at MHSC in September, 1990. The operator of this device takes messages for hearing impaired employees and provides information on health care coverage to the hearing impaired public.

Several members of the Commission staff are participating in a new program, Executive Development for Women. This program will assist them in acquiring the necessary skills and experience to become competitive for senior officer opportunities.

HEALTH INFORMATION SYSTEMS DIVISION

The Health Information Systems Division is responsible for providing systems and related services to satisfy the information requirements of the Manitoba Health Services Commission and Manitoba Health. The Division is comprised of the following three sections to carry out its mandate: Computer Services, Management Information Systems, and Integrated Health Systems.

Computer Services

The Computer Services Section provides information systems and related support services to all divisions of the Commission and Manitoba Health. This includes Cadham Provincial Laboratory as well as regional operations, central program directorates and administrative offices of Manitoba Health. The section also provides consulting services to management on computer related matters. During 1990/91, Computer Services staff:

* provided support to over 30 computerized systems within the Commission and Manitoba Health, including the processing of all claims insured under the Manitoba Health Insurance Plan;

* continued support of existing and new personal computer installations to facilitate end-user computing and office automation within Manitoba Health and the Commission;

* established a Help Desk function supported by an Artificial Intelligence Computer System to provide trouble-shooting services to Manitoba Health/Commission users of information systems delivered over the Provincial Communications Network;

* expanded the use of the Health Provincial Communications Network to provide more access points to the delivery of such systems as the Manitoba Support Services Payroll and the Manitoba Immunization Monitoring System;

* completed new computerized information systems or major enhancements to:

  - Manitoba Support Services Payroll System

  - Mental Health Management Information System

* continued activities on computerized information systems including:

  - Cadham Laboratory Systems - Serology

  - retrofitting and re-engineering the Medical Claims Processing System; and

* facilitated systems requirements study for a waiting list system for personal care homes in the Winnipeg Region and a neonatal system for the Cadham Laboratory.

The ongoing expansion of computer telecommunications within Manitoba Health as well as the enhancement of data exchange between the Commission and

health facilities and health providers continued to be an important thrust during the year. The volume of medical claims submitted via electronic media continued to show modest increases in 1990/91 as a result of continued close cooperative work with interested physicians.

Management Information Systems

In September 1990, the Systems and Procedures and the Management Information Sections amalgamated to establish the Management Information Systems Section. The section is responsible for the provision of analytical services to all divisions of the Commission and Manitoba Health, as well as for the compilation and circulation of statistical information on health services utilization.

The section provides and maintains administrative systems and procedures in the delivery of health programs, and ensures that manual and automated procedures in these programs are properly integrated. It is also responsible for the Commission's forms and manuals management program for internal and external use. This includes coordination/preparation of forms and administrative procedure manuals for use internally and of user manuals for service providers, as well as preparation of public information brochures on the Commission's programs.

The Commission's legislative proposals and amendments to Acts and Regulations are coordinated by this section in liaison with Manitoba Justice. Section staff also coordinate the Commissions's response to requests received under The Freedom of Information Act and work with the Ombudsman's office and the departmental solicitor during any investigation of complaints under The Act.

The section also reviews and evaluates the process of accumulating population and health statistics to maximize their relevancy to the growing demand for information by the Commission, Manitoba Health, other provincial government departments, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, and health researchers. The section publishes an annual statistical report and is responsible for the statistical portion of this annual report. The section also prepares quarterly statistical bulletins for Manitoba Health and the statistical portion of the annual report of Manitoba Health.

Integrated Health Systems

The Integrated Health Systems Section is responsible for ongoing administration of the health information system components of the Strategic Investment Agreement negotiated between the Manitoba Government and Unisys in 1986, as well as coordinating information/ communication applications across the health care system. The primary focus of the section is on health care facilities but it also plays an integral role in coordinating information systems requirements between the health care community and the Manitoba Health Services Commission.

HEALTH CARE DEMONSTRATION PROJECTS

During 1990/91, 14 of 15 health care demonstration projects were concluded. They had been funded for a total of $1.7 million. Each project included an evaluation component and was designed to show the effect it had on reducing patient admissions and/or length of stay in health care facilities. Documentation of outcomes was required. Each project was administered by a health care facility or agency.

Details of these concluded demonstration projects may be obtained directly from the project director or coordinator. The concluded health care demonstration projects included the following:

- Centralized Day Surgery Unit: Brandon General Hospital, Mr. L. Todd, Executive Director
- Community-Based Crisis Management Service for Mentally Ill Adults: Salvation Army, Ms J. Bailey-Smith, Project Co-ordinator
- Review of Diagnostic Services: Cadham Provincial Laboratory, Dr. G. Hammond, Director
- Urinary Incontinence Program: Health Sciences Centre, Dr. A. Kirshen, Project Director
- Provincial Home Parenteral Nutrition Program: Health Sciences Centre and St. Boniface General Hospital, Dr. R. Postuma, Project Director
- Palliative Care Supports: Johnson Memorial Hospital, Gimli, Ms L. Coles, Project Director
- Immigrant/Refugee Health Outreach: Planned Parenthood Manitoba, Ms S. Bettess, Executive Director
- Cost Containment in Adult Medical Intensive Care Units: Health Sciences Centre, Dr. D. Roberts, Project Director
- Occupational Therapy Transitional Care Program: Health Sciences Centre, Ms S. Eadie, Assistant Director, Occupational Therapy Department
- Discharge Planning Model: St. Boniface General Hospital, Ms M. Redekopp, Principle Investigator
- Admissions and Discharge Program: Health Sciences Centre, Ms C. Martens, Patient Discharge Co-ordinator
- Analysis of Provincial Hospital Separation Abstracts (Using Diagnostic Related Groups): University of Manitoba, Faculty of Management, Dr. L. Roos, Project Director
- Analysis of the Necessity of Sputum Cytological Examinations: St. Boniface General Hosptial, Dr. B. MacDougall, Project Director
- Psychoeducational Program for Families of Schizophrenics: University of Manitoba, Mr. C. Posner, Project Director.

One health care demonstration project is expected to conclude during 1991/92. The documentation of outcomes will follow procedures like other projects listed above. Details of the project to be completed are as follows:

- Shortened Hospital Stay for Low Birth Weight Infants: Health Sciences Centre, St. Boniface General Hospital and Family Services of Winnipeg, Inc., Dr. O. Casiro, Project Co-ordinator.

STATISTICAL SECTION

Introduction

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Population

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba. Effective April 1, 1989 M.H.S.C. and Manitoba Health regional boundaries are identical. For M.H.S.C., this resulted in the creation of Thompson region out of Norman and the distribution of unorganized territories to their respective regions plus several minor adjustments, affecting other rural regions - Central, Eastman, Interlake, Parkland and Westman. Therefore, historical comparisons of regional data prior to 1989/90 are not possible.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the Plan.

Figures 1 and 2 based on Table 1 illustrate the percentage distribution of the population by health region and by age group respectively.

Expenditures

Table 2A records health services expenditures by program, during the five-year period April 1985 to March 1991. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2B is an index of health services expenditures by program for the years 1986/87 to 1990/91, considering 1986/87 as the base year.

Figure 3 illustrates the health services expenditure index for the years 1986/87 to 1990/91 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Per Capita Costs

Figures 4A to 4D illustrate per capita costs for total insured health, health, medical, and personal care home services, for 1986/87 to 1990/91.

Hospitals

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended treatment hospitals.

Table 3 documents the distribution of hospital and personal care home beds

according to location by health region. It does not reflect the actual use of beds by residents in their own or other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence for 1989/90 and 1990/91.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table 9 which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size, and related health facilities during 1989/90 and 1990/91.

Personal Care Homes

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home residents by age group, sex, and level of care, as at April 1, 1991.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at April 1, 1991.

Table 7 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1989/90 and 1990/91.

Health Practitioners

Table 8 illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payment over $40,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

Medical Services

Figure 7 illustrates the medical services per capita cost by health region of residence for 1989/90 and 1990/91.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex for 1990/91. The significantly higher cost showns for females in the age group 14 - 34 reflects service costs related to childbearing.

Table 10 compares the average cost per patient by type of practice from 1986/87 to 1990/91.

Table 11 shows the distribution of costs according to type of medical services

and the percentage distribution for 1989/90 and 1990/91.

Average and Median Payments

Table 12A shows the number of medical practitioners with M.H.S.C. payment over $40,000, and the average and median payments by type of practice, for 1989/90 and 1990/91. Reference to the table's footnotes is important for correct interpretation.

Table 12B gives the average and median payments by specialty of practice for 1989/90 and 1990/91 where each type of practice has as its threshold 1/2 the mean of M.H.S.C. payments to all physicians of the bloc. Such a methodology provides an estimate of the number of full-time physicians per bloc.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $40,000, and the average and median payments, for 1989/90 and 1990/91.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1989/90 and 1990/91.

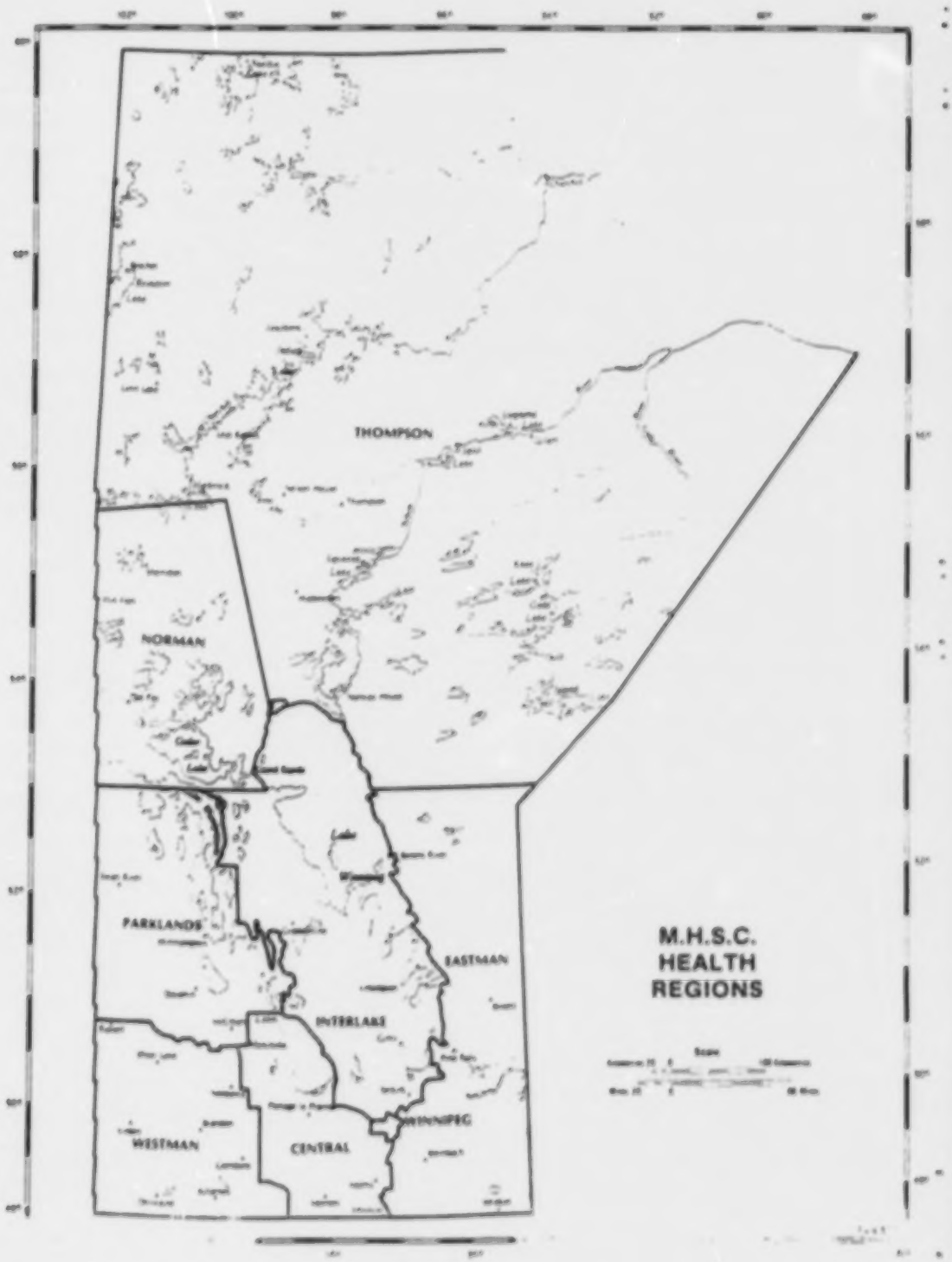

THOMPSON
NORMAN
PARKLANDS
EASTMAN
INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
M.H.S.C.
HEALTH
REGIONS

Table 1
Manitoba Population by Health Region(1), Sex, and Age Group,
June 1, 1990

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,634	7,326	7,444	6,214	4,374	3,754	3,350	2,511	47,607
Female	11,989	6,868	7,315	5,898	4,283	3,942	3,891	3,514	47,700
Sub-Total	24,623	14,194	14,759	12,112	8,657	7,696	7,241	6,025	95,307
Eastman									
Male	11,997	7,065	7,327	6,324	4,314	3,426	2,610	1,645	44,708
Female	11,496	6,504	6,979	6,094	3,984	3,168	2,682	1,960	42,867
Sub-Total	23,493	13,569	14,306	12,419	8,298	6,594	5,292	3,605	87,575
Interlake									
Male	9,020	6,007	5,825	5,613	3,956	3,418	2,732	1,684	38,255
Female	8,350	5,387	5,742	5,386	3,757	3,284	2,863	2,125	36,894
Sub-Total	17,370	11,394	11,567	10,999	7,713	6,702	5,595	3,809	75,149
Norman									
Male	3,396	2,178	2,384	1,891	1,145	853	519	345	12,711
Female	3,282	2,160	2,206	1,650	1,077	747	565	443	12,130
Sub-Total	6,678	4,338	4,590	3,541	2,222	1,600	1,084	788	24,841
Parklands									
Male	5,522	3,565	3,186	3,062	2,362	2,356	2,351	1,698	24,102
Female	5,129	3,079	3,043	2,897	2,214	2,379	2,449	2,212	23,397
Sub-Total	10,650	6,644	6,229	5,959	4,576	4,735	4,796	3,910	47,499
Thompson									
Male	8,725	5,066	4,244	3,055	2,054	998	427	251	24,820
Female	8,186	4,818	4,191	2,856	1,654	817	413	252	23,187
Sub-Total	16,911	9,884	8,435	5,911	3,708	1,815	840	503	48,007
Westman									
Male	13,156	8,231	8,950	7,895	5,636	5,502	4,992	3,829	57,990
Female	12,500	7,814	8,987	7,694	5,581	5,520	5,887	5,558	59,541
Sub-Total	25,656	16,045	17,937	15,589	11,017	11,022	10,879	9,386	117,531
Winnipeg									
Male	63,922	46,943	60,610	48,484	30,902	25,910	20,066	12,106	308,943
Female	60,897	47,003	59,240	49,644	31,506	28,325	26,957	22,421	325,993
Sub-Total	124,819	93,946	119,850	98,128	62,408	54,235	47,023	34,527	634,936
Manitoba									
Male	128,372	86,381	99,970	82,538	54,543	46,217	37,047	24,068	559,136
Female	121,828	83,633	97,703	82,119	54,056	48,182	45,703	38,485	571,709
Total	250,200	170,014	197,673	164,657	108,599	94,399	82,750	62,553	1,130,845

(1) Regional boundaries revised effective April 1, 1989. See Introduction to Statistical Section.

Figure 1

Percentage Distribution of Population by Health Region, June 1, 1990.

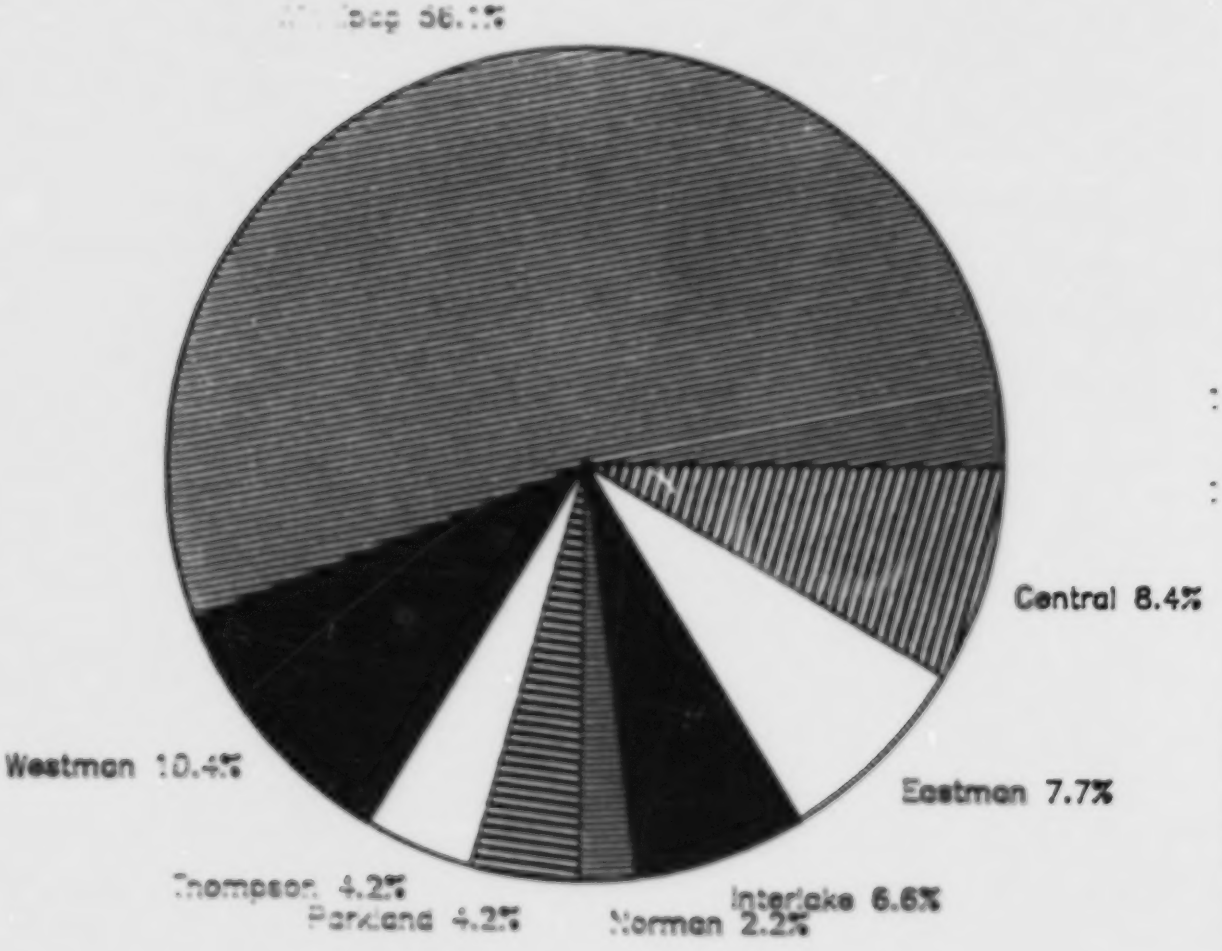


Figure 2

Percentage Distribution of Population by Age Group, June 1, 1990.

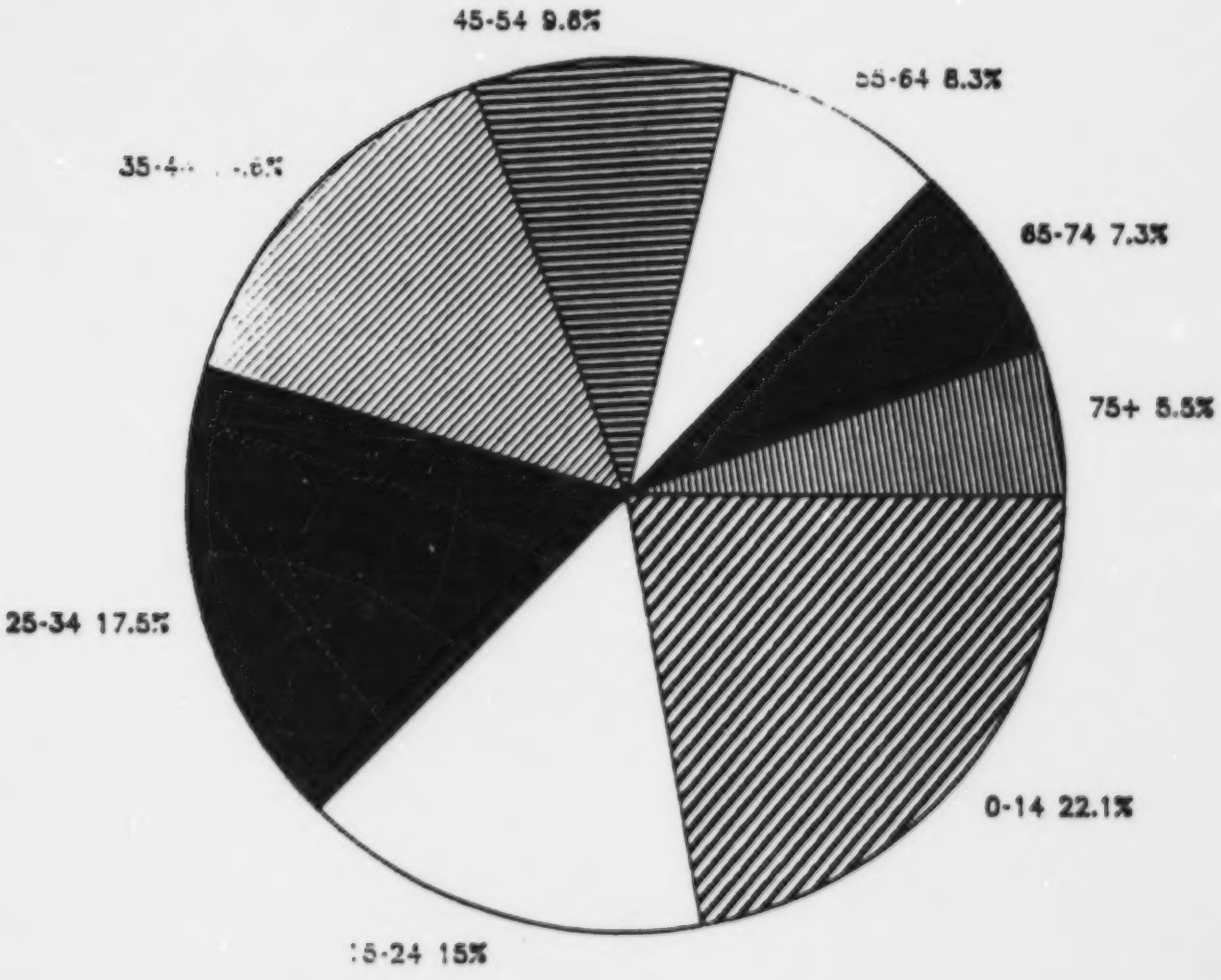


Table 2A
Manitoba Health Services Commission Expenditures,
1986/87 to 1990/91

Services	1986/87 Staff Years	1986/87 $000	1987/88 Staff Years	1987/88 $000	1988/89 Staff Years	1988/89 $000	1989/90 Staff Years	1989/90 $000	1990/91 Staff Years	1990/91 $000
Hospital Services(1)(11)	311.26	682,220	311.26	735,073	311.26	788,766	311.26	838,769	311.26	908,013
Medical Services(2)(10)		212,192 (4)		226,086 (5)(6)		229,235 (6)(7)		248,077 (6)(8)		254,478 (6)(9)
Personal Care Home Services(10)		155,887		169,093		189,733		197,743		221,440
Pharmacare Program(10)		29,136		37,428		40,390		44,558		49,818
Northern Patient Transportation(10)		2,554		2,773		2,764		2,817		3,157
Ambulance Program(10)		2,137		2,310		4,199		5,021		5,578
Air Ambulance Program	8.00	2,340	7.00	2,742	7.00	3,104	7.00	3,813	7.00	4,355
Other Health Services(3)(10)		15,637		16,660		17,827		18,405		18,834
M.H.S.C. Administration	394.00	15,579	405.00	17,556	405.00	18,595	405.00	19,502	401.00	20,410
Total	713.26	1,117,682 (4)	723.26	1,209,719 (5)(6)	723.26	1,296,593 (6)(7)	723.26	1,378,705 (6)(8)	719.26	1,486,083 (6)(9)

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilites, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(8) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(9) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustment to Oral, Dental, and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(10) Staff years and salaries relating to the program are included in Administration.

(11) Staff years shown relate to M.H.S.C. staff only. Staff employed by health care facilities funded by the M.H.S.C. are not included.

Table 29
Manitoba Health Services Commission Expenditure Index,
1986/87 to 1990/91

Services	1986/87	1987/88	1988/89	1989/90	1990/91
Hospital Services(1)	100.0	107.7	115.6	122.9	133.1
Medical Services(2)	100.0 (4)	106.5 (5)(6)	108.0 (6)(7)	116.9 (6)(8)	119.9 (6)(9)
Personal Care Home Services	100.0	106.5	121.7	126.9	142.1
Pharmacare Program	100.0	128.5	138.6	152.9	171.0
Northern Patient Transportation	100.0	108.6	107.4	110.3	122.8
Ambulance Program	100.0	108.1	106.5	235.0	261.0
Air Ambulance Program	100.0	117.2	132.6	142.9	186.1
Other Health Services(3)	100.0	106.5	114.0	117.7	120.6
M.H.S.C. Administration	100.0	112.7	119.4	125.2	131.0
Total	100.0 (4)	108.2 (5)(6)	115.8 (6)(7)	123.4 (6)(8)	133.0 (6)(9)

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilites, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(8) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.65 million for the professional liability insurance fund.

(9) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustment to Oral, Dental, and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

Figure 3

Manitoba Health Services Commission Expenditure Index for Major Programs,
1986/87 to 1990/91

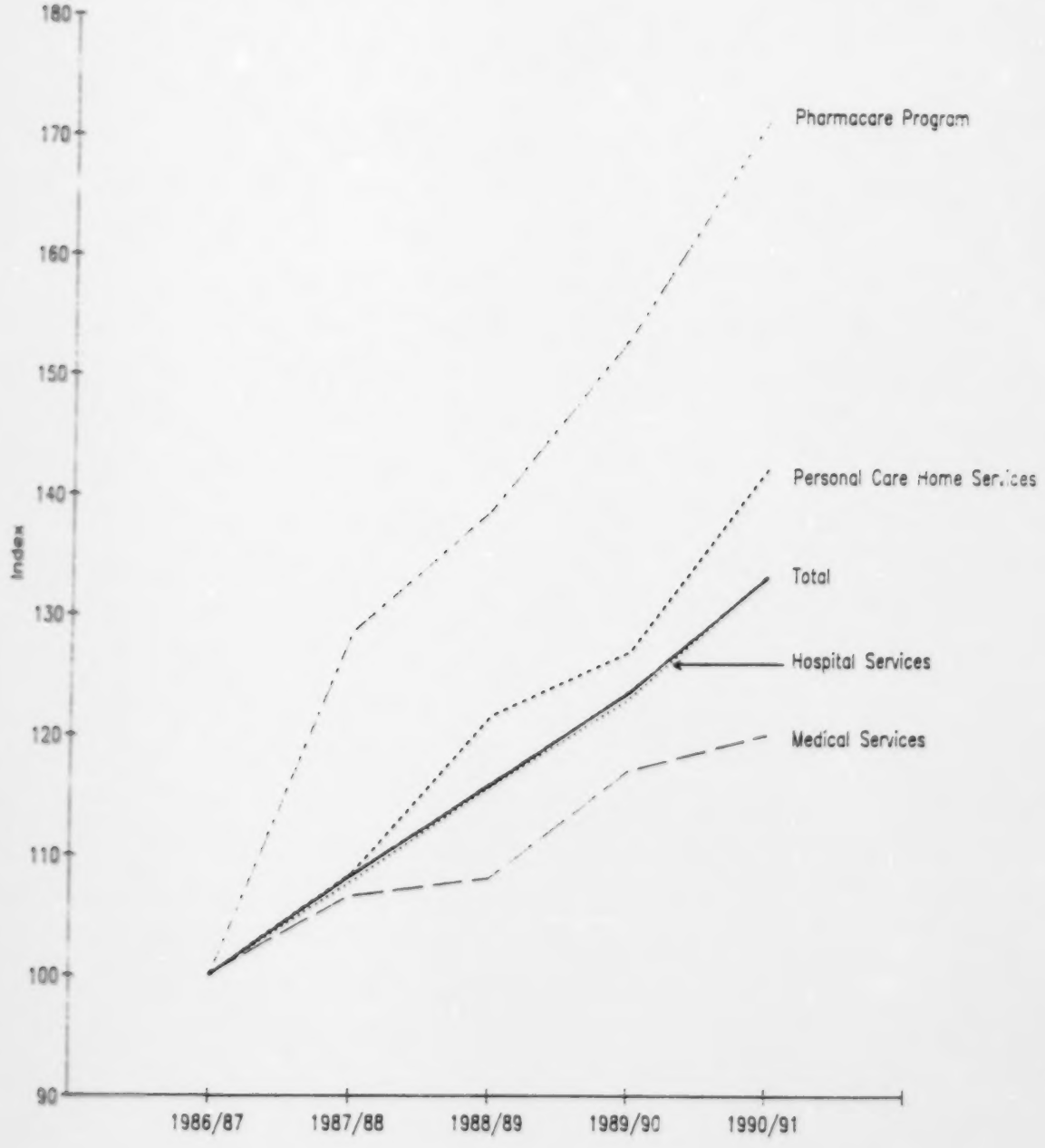
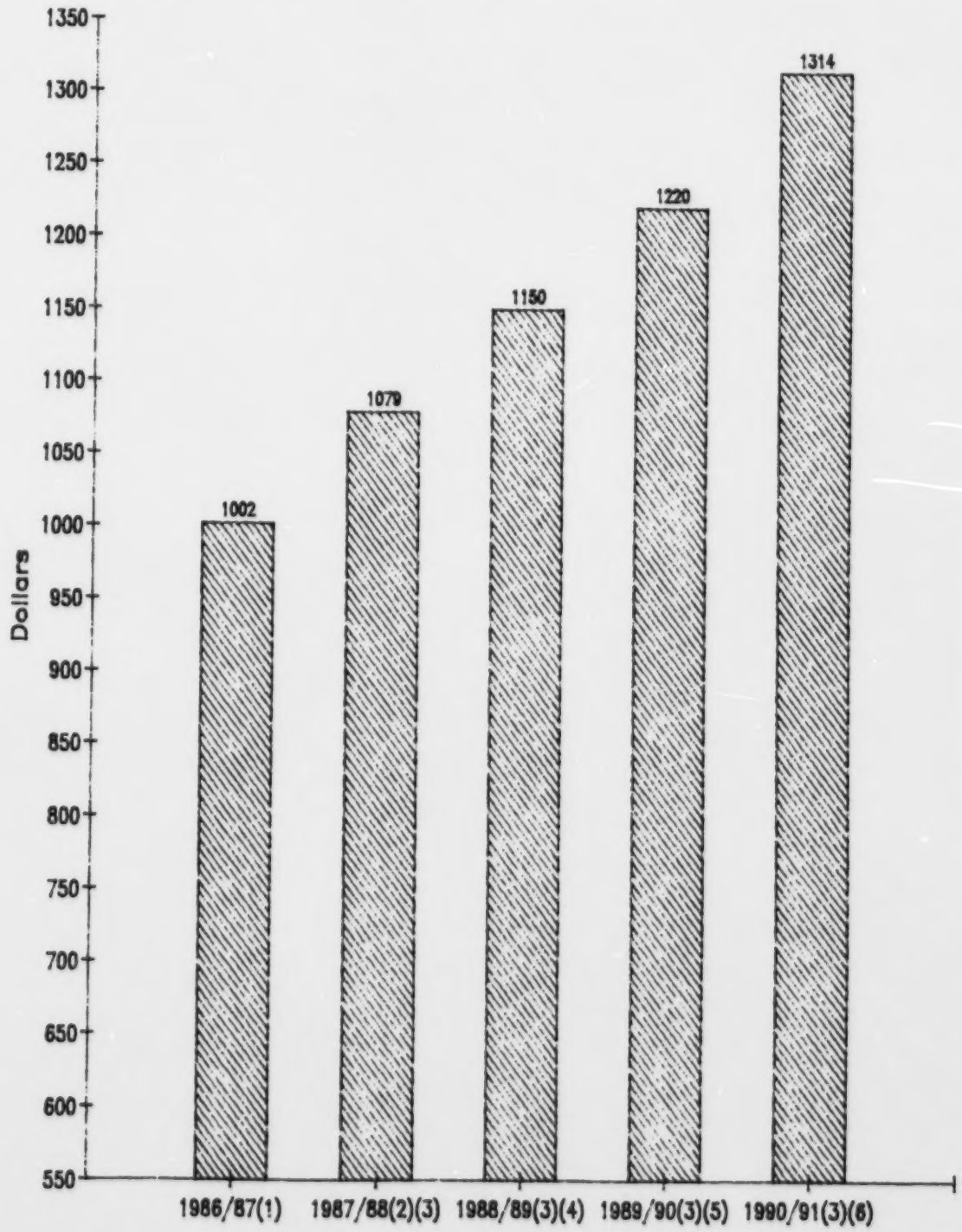


Figure 4A

Insured Health Services per Capita Costs, 1986/87 to 1990/91.



(1) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(3) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(5) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(6) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

Figure 4B

Insured Hospital Services per Capita Costs, 1986/87 to 1990/91.

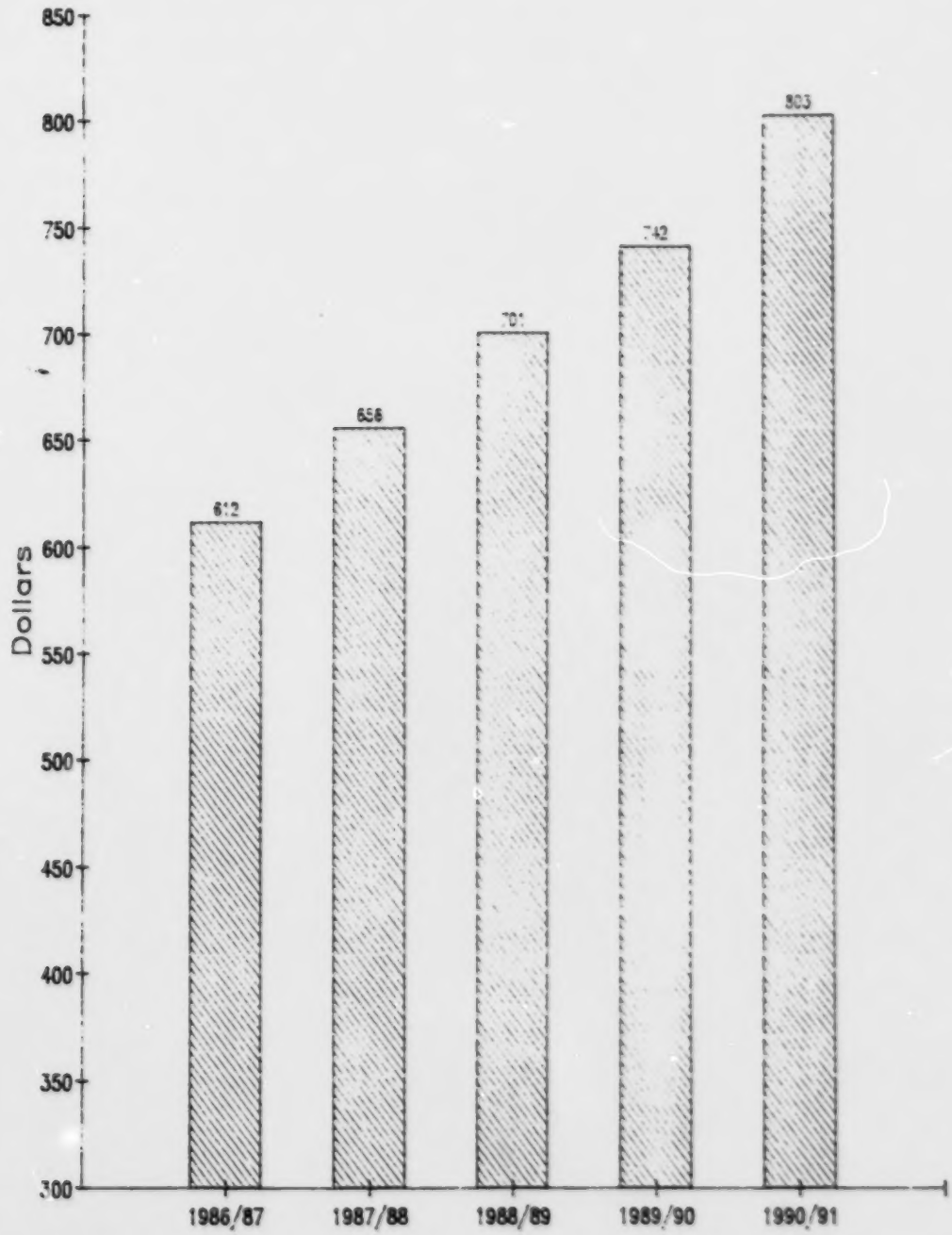
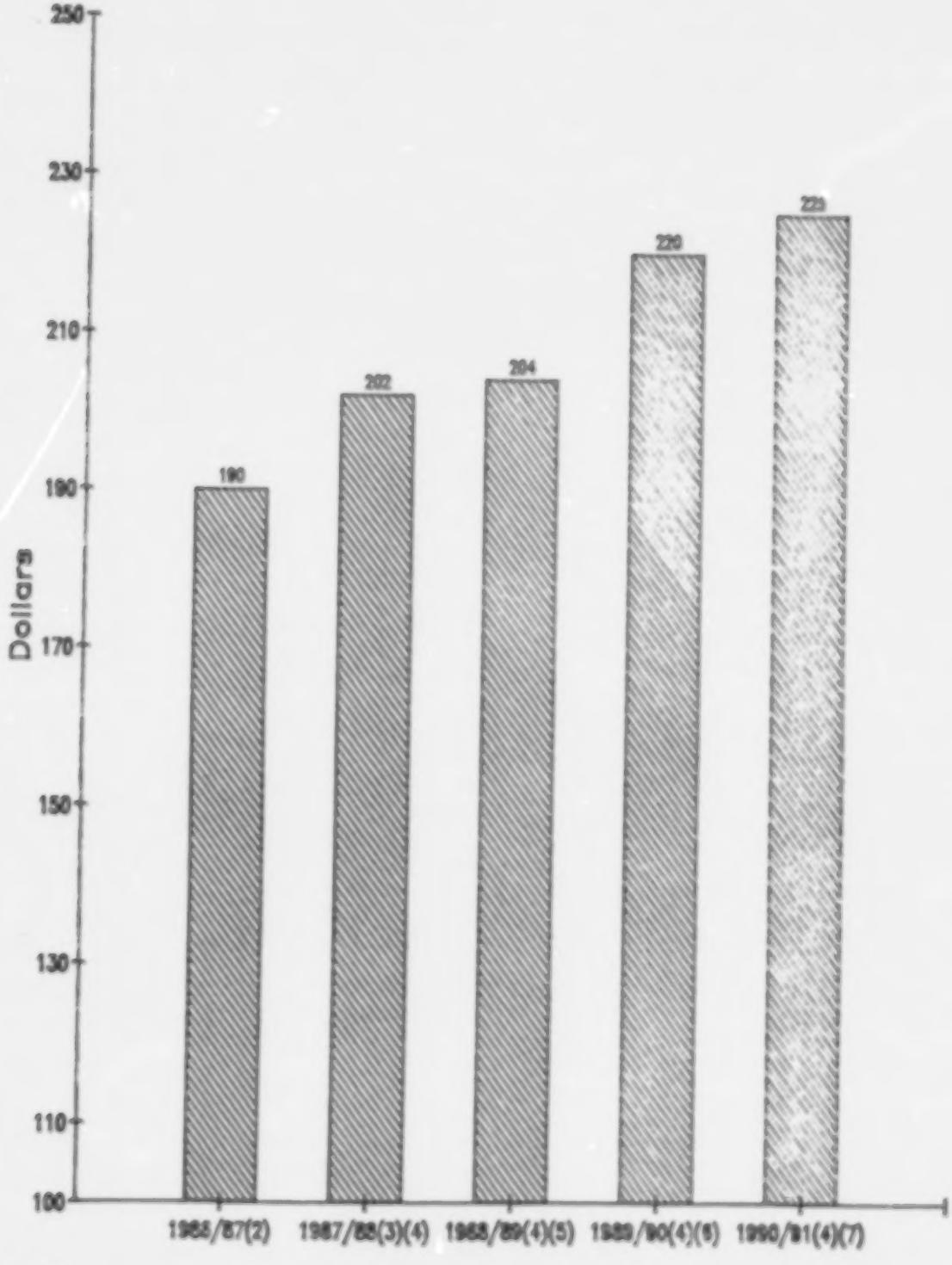


Figure 4C

Insured Medical(1) Services per Capita Costs, 1986/87 to 1990/91.



(1) Includes Medical Services, Oral, Dental and Periodontal Surgery.

(2) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(4) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements

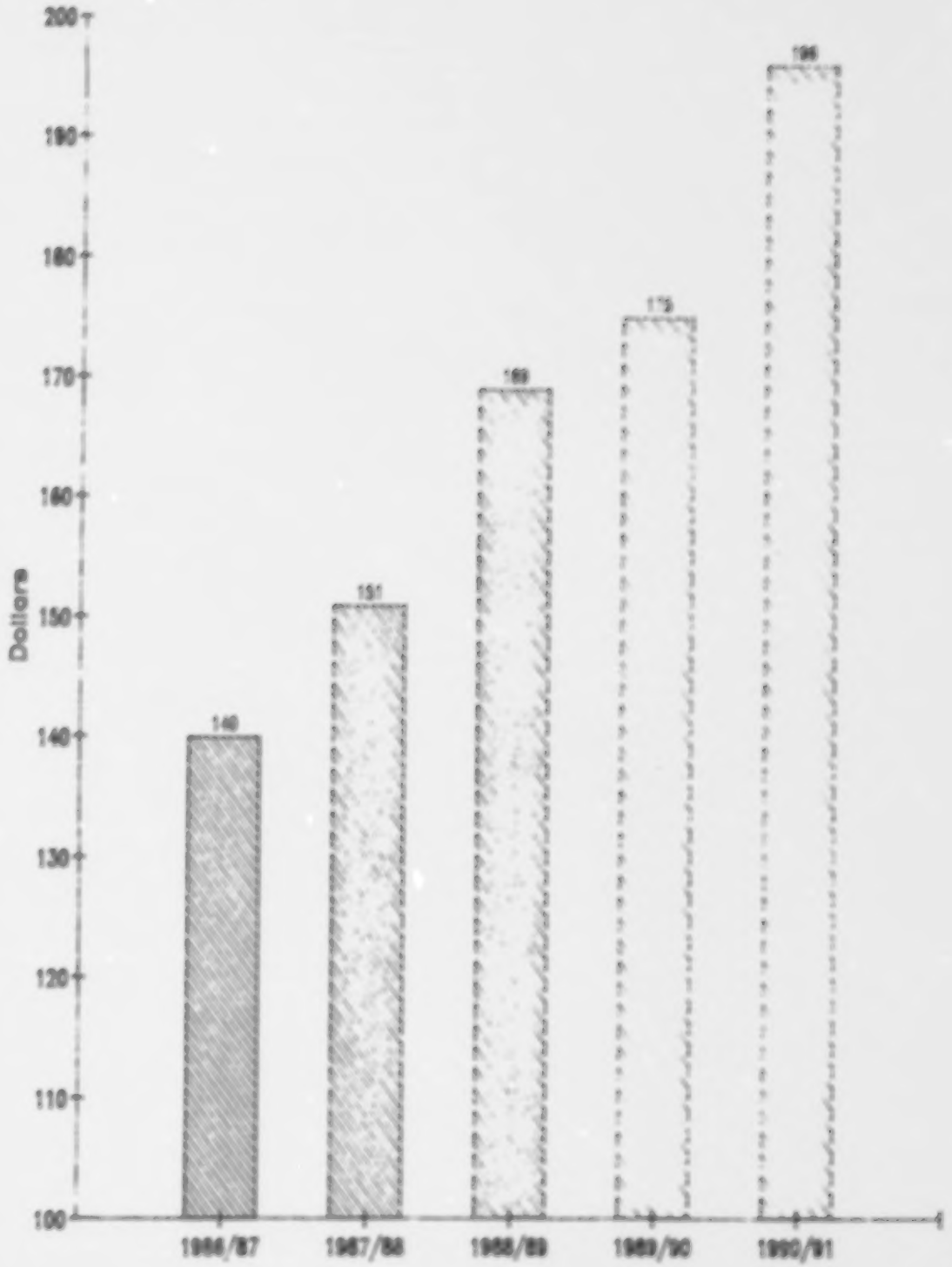
(5) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(6) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(7) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

Figure 4D

Insured Personal Care Home Services per Capita Costs, 1986/87 to 1990/91.



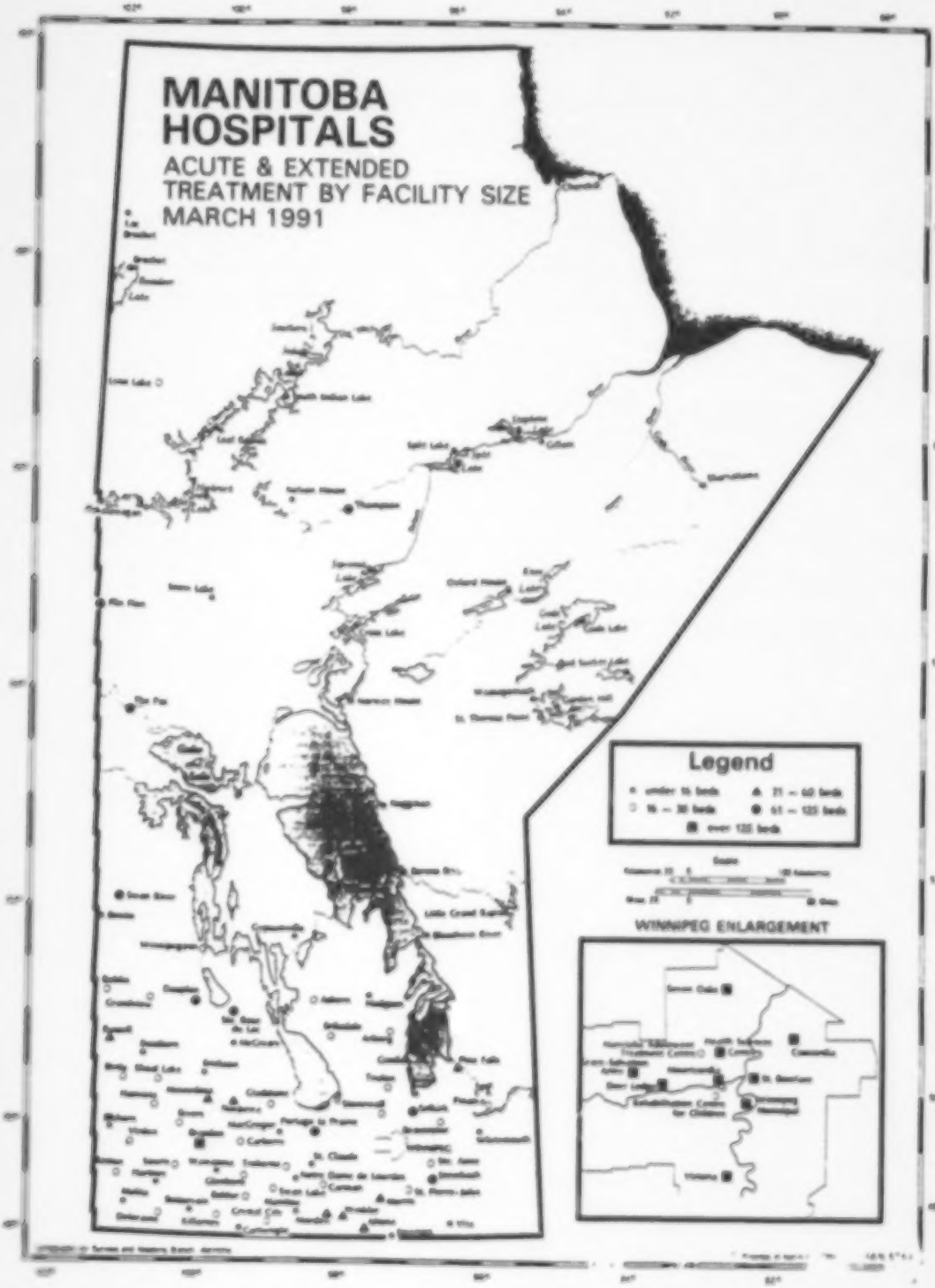

MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1991
Legend
WINNIPEG ENLARGEMENT

Table 3
Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region, 1990/91.

Health Region	Population(1)	Active Treatment		Extended Treatment		Personal Care Home	
		Number(2)	Rate	Number(2)	Rate	Number(2)	Rate
Central	95,307	412	4.3	50	0.5	751	7.9
Eastman	87,575	212	2.4	20	0.2	453	5.2
Interlake	75,149	213	2.8	-	-	504	6.7
Norman	24,841	192	7.7	-	-	130	5.2
Parklands	47,499	320	6.7	39	0.8	444	9.3
Thompson	48,007	233	4.9	-	-	26	0.5
Westman	117,531	753	6.4	102	0.9	1,505	12.8
Winnipeg	634,936	3,168	5.0 (3)	691	1.1 (3)	4,598	7.2
Manitoba	1,130,845	5,503	4.9	902	0.8	8,411	7.4

(1)M.H.S.C. registered population as of June 1, 1990.

(2)Based on rated capacity as at March 31, 1991.

(3)Active and extended treatment beds for Winnipeg residents, accounting for 80.2% of separated days, were 4.8 per 1,000 population. The remaining beds, accounting for 19.8% of separated days, were used by rural residents and non-residents of the province.

Figure 5

In-Patient Hospital Days per 1,000 Population by Health Region, 1989/90 and 1990/91.

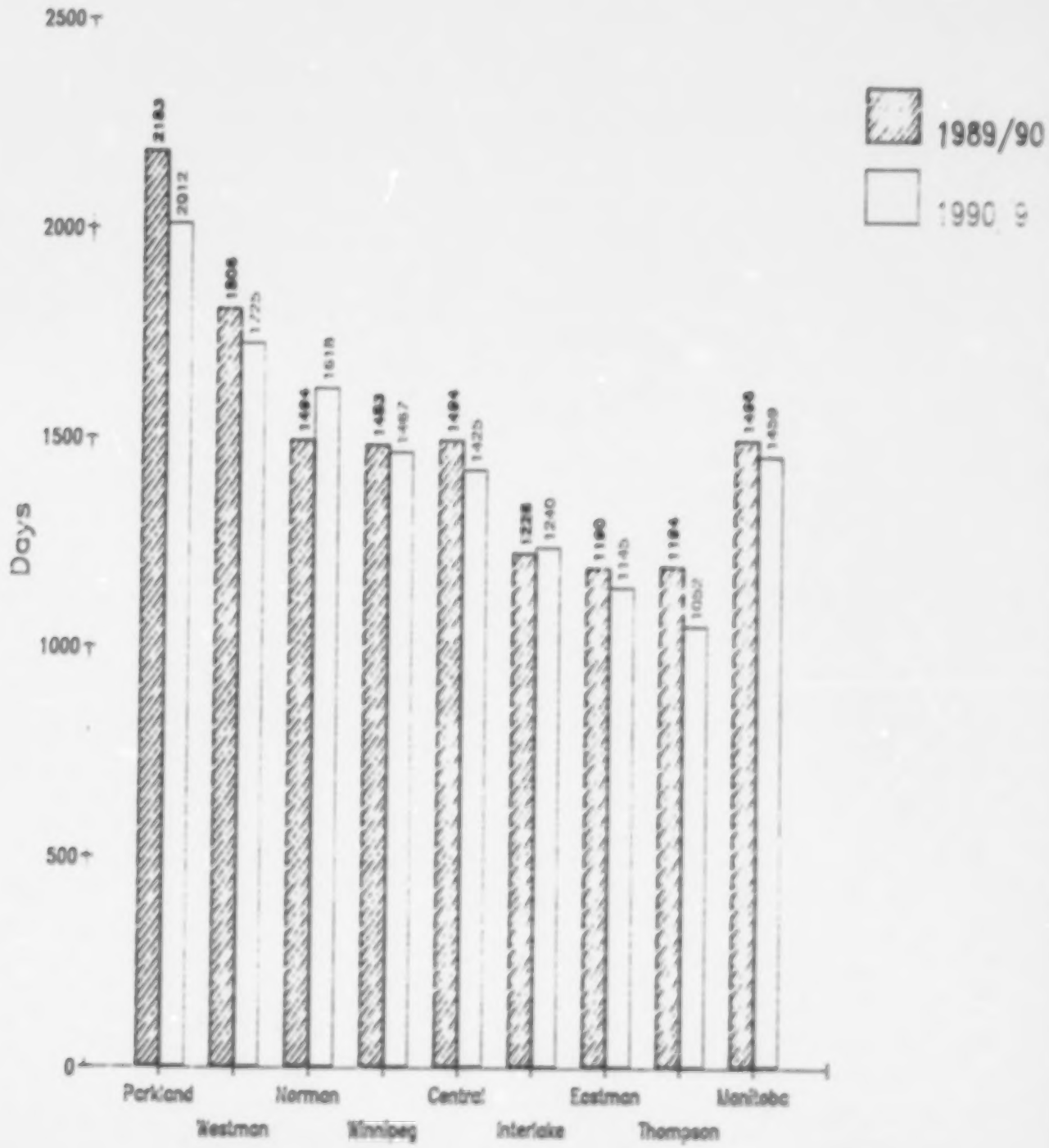


Table 4
Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded), 1990/91.

Diagnostic Category(2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	1,781	20,681	11.6	1.2	1.3	2	18
Neoplasms	9,792	150,628	15.4	6.6	9.1	9	133
Endocrine, Nutritional, and Metabolic Diseases	2,586	35,485	13.7	1.7	2.2	2	31
Diseases of Blood and Blood Forming Organs	976	9,603	9.8	0.7	0.6	1	8
Mental Disorders	6,198	199,056	32.1	4.2	12.1	5	176
Diseases of the Nervous System and Sense Organs	4,980	91,718	18.4	3.4	5.6	4	81
Diseases of the Circulatory System	16,994	257,817	15.2	11.4	15.6	15	228
Diseases of the Respiratory System	10,091	124,946	7.8	10.8	7.6	14	110
Diseases of the Digestive System	16,508	116,946	7.0	11.1	7.0	15	103
Diseases of the Genitourinary System	9,053	60,439	6.7	6.1	3.7	8	53
Pregnancy, Childbirth, and the Puerperium	25,630	85,118	3.3	17.2	5.2	23	75
Diseases of the Skin and Subcutaneous Tissue	2,163	21,625	10.0	1.5	1.3	2	19
Diseases of the Musculoskeletal System	6,102	72,849	11.9	4.1	4.4	5	64
Congenital Anomalies	846	6,387	7.5	0.6	0.4	1	6
Conditions Originating in the Perinatal Period	520	3,752	7.2	0.3	0.2	0	3
Symptoms, Signs, and Ill-Defined Conditions	7,088	56,053	7.1	5.4	3.5	7	50
Injury and Poisoning	12,964	160,552	12.4	8.7	9.7	11	142
Factors Influencing Health Status(3)	7,424	178,289	23.7	5.0	10.7	7	156
Total	148,946	1,649,858	11.1	100.0	100.0	131	1,459

(1)M.H.S.C. registered population as of June 1, 1990.

(2)ICD-9-CM.

(3)Factors Influencing Health Status and Contact with Health Services.

Table 5
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1989/90 and 1990/91.

Hospital Name	Rated Bed Capacity(1) 1989/90	Rated Bed Capacity(1) 1990/91	Net M.H.S.C. Payments 1989/90 $	Net M.H.S.C. Payments 1990/91 $
Active Treatment-Public General:				
15 Beds and Under:				
Benito	9	5	517,632	689,496
Boissevain	12	12	954,000	992,088
Carturight	10	10	545,058	563,808
Elkhorn	8	8	448,680	517,982
Emerson	12	12	670,992	689,880
Erickson	12	12	862,076	1,132,032
Gillam	10	10	1,422,504	1,529,064
Glenboro	14	14	912,672	942,768
Hartney	9	9	498,144	527,952
Leaf Rapids	8	8	718,248	785,736
MacGregor-North Norfolk	6	6	436,224	495,312
Manitou-Pembina	14	8	644,088	804,550
McCreary-Alonsa	13	13	735,580	801,096
Melita-Wilson Memorial	11	11	833,928	887,520
Notre Dame	10	10	741,788	800,616
Rossburn	10	10	661,997	653,328
St. Claude	12	12	765,096	803,784
Snow Lake	4	4	603,528	628,992
Vita	11	11	723,984	900,840
Wawanesa	9	9	670,272	732,168
Whitemouth	6	6	760,733	794,616
Sub-Total	210	200	15,127,224	16,673,628

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1989/90 and 1990/91.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1989/90	1989/90	1989/90 $	1990/91 $
16-30 Beds:				
Arborg	16	16	1,353,094	1,384,056
Ashern-Lakeshore	16	16	939,816	973,752
Baldur	16	16	785,928	814,680
Beausejour	30	30	1,758,000	1,845,096
Birtle	19	19	1,151,160	1,218,768
Carberry-Fox Memorial	29	29	1,276,248	1,368,504
Carman	30	30	2,464,176	2,618,472
Crystal City-Rock Lake	16	16	1,048,353	1,069,032
Deloraine-South West Health District	18	18	1,185,504	1,253,280
Eriksdale -E.M. Crowe Memorial	17	17	883,440	923,808
Gladstone-Seven Regions	20	20	1,628,256	1,805,935
Grandview	18	18	1,805,191	1,860,384
Hamiota	21	21	1,522,920	1,616,976
Killarney-Tri Lake H.C.	26	26	1,792,632	1,905,903
Lynn Lake	25	25	1,327,416	1,392,120
Pinawa	17	17	978,917	1,024,632
Reston	17	17	889,320	963,960
Rivers-Riverdale	16	16	946,632	974,736
Roblin	25	25	1,503,192	1,559,496
Ste. Anne	21	21	1,888,512	2,004,192
St. Pierre-Desalaberry	16	16	1,019,208	1,093,608
Shoal Lake-Strathclair	23	23	1,152,785	1,192,560
Souris	30	30	2,045,400	2,146,104
Stonewall -Dr. Evelyn Memorial	18	18	1,126,992	1,295,017
Swan Lake -Lorne Memorial	22	22	1,392,058	1,482,696
Teulon-Hunter Memorial	20	20	1,585,272	1,652,664
Treherne-Tiger Hills Health District	18	18	1,108,080	1,182,528
Winnipegosis	18	18	1,052,470	1,153,944
Virden	32	25	1,767,288	2,673,720
Sub-Total	578	603	37,610,972	42,450,623

Table 3(continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1989/90 and 1990/91.

Hospital Name	Rated Bed Capacity(1) 1989/90	1989/90	Net M.H.S.C. Payments 1989/90 $	1990/91 $
31-60 Beds:				
Altona	32	32	1,732,744	1,804,044
Churchill Health Centre	31	31	3,327,013	3,559,912
Gimli-Johnson Memorial	35	35	2,278,643	2,276,208
Minnedosa	35	35	1,954,872	2,071,056
Morden	48	48	5,080,718	5,597,358
Morris	33	33	1,976,455	2,098,344
Neepawa	38	38	2,653,080	2,816,040
Pine Falls	35	35	3,132,605	3,274,440
Russell	38	38	1,933,604	2,008,152
Steinbach-Bethesda	60	60	6,136,440	7,157,544
Winkler-Bethel	57	57	3,895,104	4,335,832
Sub-Total	442	442	34,101,078	36,998,930
61-125 Beds:				
Dauphin	105	105	12,607,050	13,707,826
Flin Flon	100	100	5,613,554	6,474,072
Portage	104	104	8,339,928	9,041,832
Ste. Rose	68	68	3,590,424	3,832,008
Selkirk	75	75	8,505,591	9,048,160
Swan River	68	68	5,940,696	6,396,504
The Pas-St. Anthony's	84	84	8,887,320	9,488,760
Thompson	100	100	10,036,416	10,952,184
Sub-Total	704	704	63,520,979	68,941,346

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1989/90 and 1990/91.

Hospital Name	Rated Bed Capacity(1) 1989/90	1989/90	Net M.H.S.C. Payments 1989/90 $	1990/91 $
Over 125 Beds:				
Brandon	291	291	37,310,496	40,975,464
Concordia	136	136	18,322,800	19,979,252
Grace-Salvation Army	301	301	37,940,616	41,804,285
Health Sciences Centre	1,113	1,113	237,958,230	256,736,375
Misericordia	409	409	45,112,154	48,978,957
St. Boniface	617	617	139,344,958	153,320,516
Seven Oaks	326	326	39,527,304	43,052,974
Victoria	246	246	31,885,320	34,273,080
Sub-Total	3,439	3,439	587,401,878	639,120,903
Total Public General Hospitals	5,373	5,388	737,762,131	804,185,430
Specialty Hospitals:				
Rehabilitation Centre for Children	20	20	1,940,592	2,045,592
Total Speciality Hospitals	20	20	1,940,592	2,045,592
Federal Hospitals:				
Hodgson-Percy E.Moore	16	16	816,560	1,229,864
Norway House	16	16	641,951	804,932
Berens River, N.S.	6	6	6,301	9,766
Bloodvein, N.S.	2	2	2,659	7,757
Brochet, N.S.	3	3	1,982	1,511
Cross Lake, N.S.	4	4	21,996	26,527
Garden Hill, N.S.	3	3	5,178	8,451
God's Lake, N.S.	4	4	622	8,043
Lac Brochet, N.S.	2	2	9,424	7,310
Little Grand Rapids, N.S.	4	4	3,693	11,932
Nelson House, N.S.	4	4	11,520	9,458
Oxford House, N.S.	3	3	13,154	18,289
Poplar River, N.S.	4	4	3,761	6,994
Pukatawagan, N.S.	4	4	4,725	10,005
Red Sucker Lake, N.S.	2	2	1,895	2,762
Ste. Theresa, N.S.	3	3	15,369	19,162
Shamattawa, N.S.	4	4	7,438	12,498
South Indian Lake, N.S.	6	6	6,281	5,032
Split Lake, N.S.	4	4	3,025	4,693
Wasagamack, N.S.	1	1	5,824	5,929
Sub-Total	95	95	1,583,358	2,210,915
Total Active Treatment Hospitals	5,488	5,503	741,286,081	808,441,937

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1989/90 and 1990/91.

Hospital Name	Rated Bed Capacity(1) 1989/90	1989/90	Net M.H.S.C. Payments 1989/90 $	1990/91 $
Extended Treatment Hospitals:				
Brandon-Assiniboine	102	102	-(2)	-(2)
Dauphin	20	20	-(2)	-(2)
Deer Lodge Centre	120	143	-(3)	-(3)
Grace-Salvation Army-Psychiatric	20	20	-(2)	-(2)
Manitoba Adolescent Treatment Centre	25	25	3,984,384	4,136,400
Morden	23	23	-(2)	-(2)
Portage	27	27	-(2)	-(2)
St. Boniface	184	184	-(2)	-(2)
Steinbach-Bethesda	20	20	-(2)	-(2)
Swan River	19	19	-(2)	-(2)
Winnipeg Municipal	337	319	26,316,216	27,968,208
Total Extended Treatment Hospitals	897	902	30,300,600	32,104,608
Total Hospitals	6,385	6,405	771,586,681	840,546,545

Table 5(Continued)
Health Facilities-Hospital Rated Beds and Net M.H.S.C. Payments,
1988/89 and 1989/90.

Facility Name	Rated Bed Capacity(1) 1989/90	Rated Bed Capacity(1) 1989/90	Net M.H.S.C. Payments 1989/90 $	Net M.H.S.C. Payments 1990/91 $
Community Health Centres and Clinics:				
Churchill Health Centre	-	-	758,256	804,312
Deloraine-South West Health District	-	-	729,432	807,192
Emerson	-	-	-	33,720
Fisher Medical Centre	-	-	211,416	220,224
Gilbert Plains	-	-	103,080	106,968
Gillam-Sundance	-	-	612,672	650,664
Gypsumville Clinic	-	-	31,392	30,972
Hamiota Health Centre	-	-	821,928	905,856
Health Action Centre	-	-	914,208	1,001,712
Hope Centre	-	-	242,352	322,300
Klinic	-	-	1,703,208	2,401,608
Lac du Bonnet Health Centre	-	-	402,984	416,016
Leaf Rapids Health Centre	-	-	815,712	857,448
Lynn Lake Medical Clinic	-	-	302,112	317,712
Mount Carmel Clinic	-	-	2,512,188	2,658,144
Nor'West Co-operative Health and Social Services Centre Inc.	-	-	518,702	536,244
Notre Dame Medical Nursing Unit	-	-	259,608	428,208
Occupational Health Centre	-	-	416,112	468,504
Riverton	-	-	18,120	31,248
Seven Regions Health Centre	-	-	371,520	386,808
Shoal Lake-Strathclair Health Centre	-	-	126,729	449,616
St. Claude	-	-	-	171,168
University of Manitoba-Northern Medical Unit	-	-	2,142,942	2,518,560
Village Clinic	-	-	319,200	346,290
Vita	-	-	104,568	113,040
Women's Health Centre	-	-	687,230	734,302
Total	-	-	15,125,671	17,718,836
Other Health Facilities:				
Eden Mental Health Centre	(4) - (4)	- (4)	3,447,528	3,679,464
Manitoba Cancer Treatment and Research Foundation	-	-	9,250,914	9,871,423
Manitoba Cardiac Institute	-	-	307,496	316,200
Camp Shilo	-	-	26,523	24,528
Westman Laboratory	-	-	5,927,455	6,917,162
Red Cross Blood Transfusion	-	-	8,999,943	10,432,031
Cadham Provincial Laboratory	-	-	6,892,900	6,716,386
Out-of-Province	-	-	15,614,805	18,479,420
Unisys	-	-	6,442,003	5,366,439
The Winnipeg Plasma Laboratory	-	-	1,555,795	1,497,496
Total	-	-	58,465,362	63,300,549
Grand Total All Facilities	6,385	6,405	845,177,714 (5)	921,565,930 (5)

(1)As of March 31.

(2)Payments included in amounts shown for active treatment hospitals.

(3)Payments included in amounts shown for personal care home beds noted on page .

(4)The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.

(5)The difference between net M.H.S.C. payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

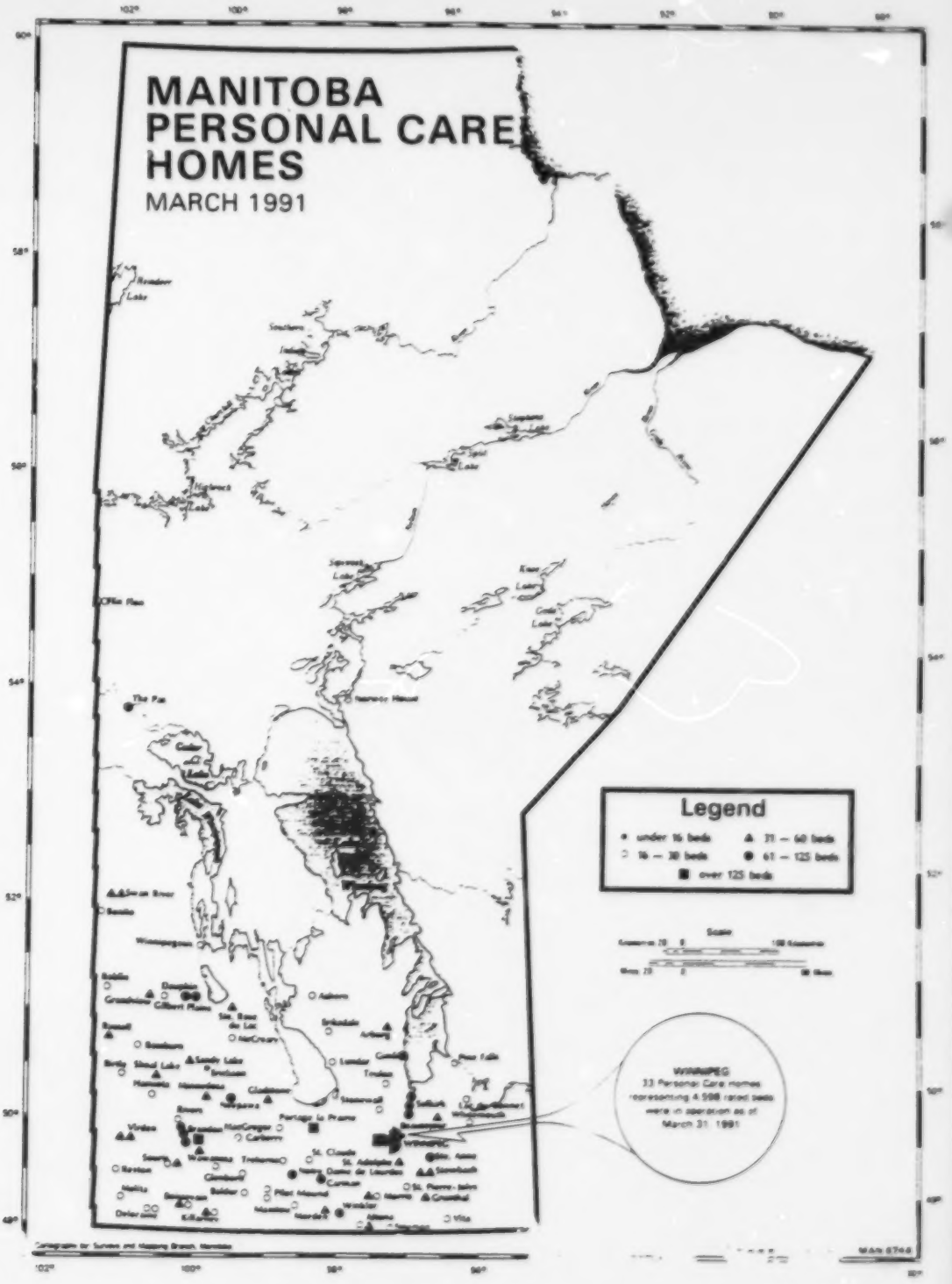

MANITOBA
PERSONAL CARE
HOMES
MARCH 1991
Legend
under 16 beds
16 — 30 beds
31 — 60 beds
61 — 125 beds
over 125 beds
WINNIPEG
33 Personal Care homes
representing 4,598 rated beds
were in operation as of
March 31 1991

Table 6
Number, Percentage Distribution, and Rates per 1,000 Population of Personal Care Home Residents
by Age Group, Sex, and Level of Care,
as at April 1, 1991.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	6	53	90	48	197	2.4	0.4
	F	3	54	68	70	195	2.4	0.4
65 - 69	M	5	56	61	41	163	2.0	7.3
	F	4	58	56	50	168	2.1	6.7
70 - 74	M	9	72	87	58	234	2.9	14.3
	F	10	121	142	91	364	4.4	17.7
75 - 79	M	10	103	158	99	370	4.5	29.8
	F	19	206	239	200	664	8.1	38.6
80 - 84	M	19	145	179	107	450	5.5	84.3
	F	36	352	435	349	1,172	14.3	123.5
85 +	M	48	309	378	218	947	11.6	203.7
	F	117	954	1113	1047	3,281	39.8	327.4
Total	M	95	736	961	569	2,361		4.2
	F	189	1,775	2,053	1,807	5,824		10.2
	T	284	2,511	3,014	2,376	8,185		7.2
Percent	M	1.2	9.0	11.7	7.0		28.8	
	F	2.3	21.7	25.1	22.1		71.2	
	T	3.5	30.7	36.8	29.0		100.0	

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex, as at April 1, 1991

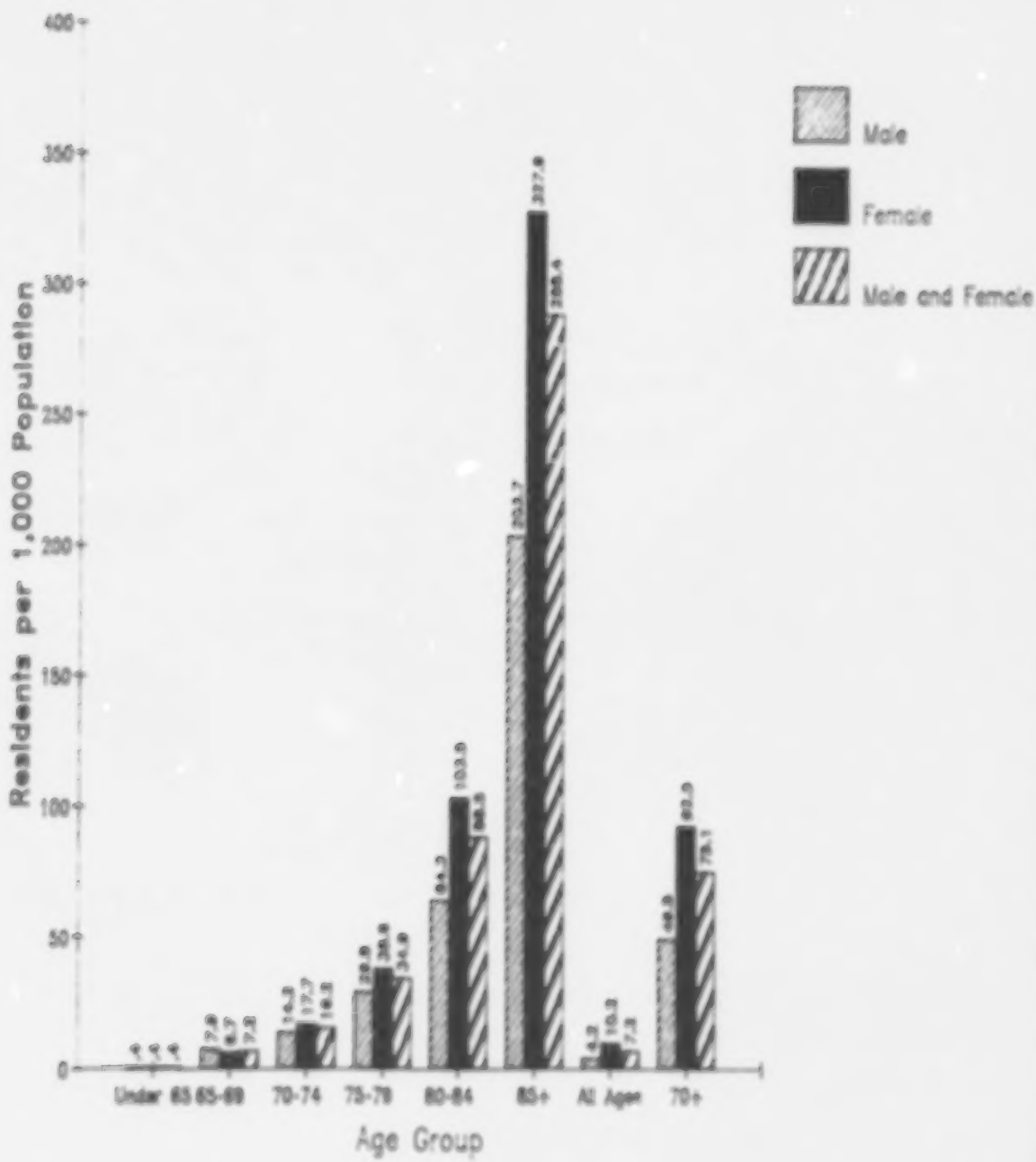


Table 7
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region, 1989/90 and 1990/91.

Personal Care Home Name	Rated Bed Capacity (*)		Net M.H.S.C. Payments	
	1989/90	1990/91	1989/90 $	1990/91 $
Central Region:				
Altona and District, Altona	25	25	641,952	687,480
Bayne Lodge, Carman	72	72	1,861,547	1,940,729
Foyer Notre Dame, Notre Dame de Lourdes	61	61	1,490,252	1,631,472
Lions Prairie Manor, Portage	151	151	2,972,124	3,249,873
MacGregor P.C.H., MacGregor	23	23	512,832	543,252
Manoir de St. Claude Inc., St. Claude	18	18	540,288	579,555
Pembina-Manitou Health Centre, Manitou (opened June '91)	-	18	-	786,590
Rosenort Eventide Home, Rosenort	26	26	285,434	324,718
Red River Valley Lodge, Emerson	23	23	534,192	522,600
Red River Valley Lodge, Morris	42	42	958,592	1,117,416
Salem Homelng., Winkler	125	125	3,940,346	4,172,349
Tabor Home, Morden	62	60	1,318,857	1,343,984
The Ebenezer Home, Altona	46	43	915,462	1,124,752
Third Crossing Manor, Gladstone	52	52	1,141,218	1,148,228
Tiger Hills Manor, Treherne	22	22	561,858	619,173
Sub-Total	734	751	17,824,143	18,911,449
Eastman Region:				
Bethesda, Steinbach	62	62	1,318,456	1,517,214
Eastgate Lodge, Beausejour	62	62	1,374,438	1,527,857
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	677,858	842,212
Manoir St. Pierre, St. Pierre Jolys	16	16	536,639	542,857
Penna Home for the Aged, Grunthal	42	42	827,791	888,458
Rest Haven, Steinbach	62	61	1,520,196	1,415,252
St. Adolphe H.H., St. Adolphe	42	42	852,948	842,754
Shevchenko Senior Citizens Home, Vita	30	31	654,256	723,482
Sunnywood Manor, Pine Falls (opened May 1/91)	-	22	-	406,334
Villa Youville, Ste. Anne	75	75	1,734,866	1,662,246
Whitemouth P.C.H., Whitemouth	22	22	729,436	743,334
Sub-Total	433	453	10,235,233	11,734,154

Table 7(continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1989/90 and 1990/91.

Personal Care Home Name	Rated Beds 1989/90	Rated Beds C(1) 1989/90	Net M.H.S.C. Payments 1989/90 $	Net M.H.S.C. Payments 1990/91 $
Interlake Region:				
Betel Home Foundation, Gimli	80	80	1,885,135	2,212,370
Betel Home Foundation, Selkirk	94	94	2,041,020	2,825,705
Dauphin Lodge, Teulon	20	20	589,848	658,318
Lakeshore District Health System, Ashern	20	20	554,229	558,796
Lakeshore District Health System, Eriksdale	20	20	561,667	520,898
Lakeshore District Health System, Lundar	20	20	658,159	680,507
Pioneer Health Services, Arborg	40	40	870,663	932,372
Red River Place, Selkirk	104	104	2,433,973	2,565,137
Rosewood Lodge, Stonewall	30	30	760,586	842,472
Tudor House, Selkirk	76	76	1,565,369	1,669,137
Sub-Total	504	504	11,900,647	13,465,712
Northern Region:				
Flin Flon P.C., Flin Flon	30	30	941,276	982,968
Northern Lights Manor, Flin Flon	30	30	418,632	402,144
St. Paul's Residence, The Pas	70	70	1,670,616	1,788,192
Sub-Total	130	130	3,030,624	3,173,304
Parkland Region:				
Benito Health Centre, Benito (opened August 24/90)	-	20	-	503,610
Dauphin P.C.H., Dauphin	65	65	2,249,904	2,442,312
Dr. Gendreau Memorial Home, Ste. Rose	40	40	1,015,766	1,051,741
Gilbert Plains Health Centre Inc.	30	30	1,099,142	1,136,970
Grandview P.C.H., Grandview	40	40	902,786	954,009
McCreary-Kinosao P.C.H., McCreary	20	20	515,725	554,445
St. Paul's Home, Dauphin	70	70	1,627,892	1,753,108
Roblin District P.C.H., Roblin	30	30	825,485	872,127
Swan River Valley Lodge, Swan River	49	49	522,817	561,710
Swan River Valley P.C.H., Swan River	60	60	1,321,632	1,431,192
Winnipegosis-Ochre River, Winnipegosis	20	20	586,512	636,008
Sub-Total	424	444	10,667,581	11,897,232

Table 7(Continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1988/89 and 1989/90.

Personal Care Home Name	Rated Bed 1989/90	Rated Bed C(1) 1989/90	Net M.H.S.C. Payments 1989/90 $	Net M.H.S.C. Payments 1990/91 $
Thompson Region:				
Pinaw-Wachi, Norway House	26	26	174,472	149,080
Sub-Total	26	26	174,472	149,080
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	568,589	599,242
Bayside P.C.H., Killarney	30	30	860,607	916,314
Birch Lodge, Hamiota	30	30	786,933	860,947
Birtle P.C.H. Inc., Birtle	20	20	532,159	571,058
B.N.W. Health Facilities, Boissevain	20	20	588,633	618,228
Bren-Del-Win Lodge, Deloraine	30	30	672,808	686,906
Carberry P.C.H., Carberry	30	30	673,334	755,856
Central Park Lodge, Brandon	89	89	1,802,095	1,793,926
Delwynde Court, Deloraine	16	16	506,840	550,450
Eastview Lodge, Neepawa	125	125	2,636,315	3,185,746
Erickson and District P.C.H., Erickson	14	14	326,750	826,968
Fairview Home, Brandon	248	248	5,341,253	5,655,676
Glenboro P.C.H., Glenboro	20	20	508,440	540,600
Hillcrest Place, Brandon	100	100	2,026,223	2,082,235
International M.H., Brandon (Closed June 1989)	-	-	184,330	
Lakeview Senior Citizens Home, Killarney	39	33	427,370	459,106
Melita and Area P.C.H., Melita	20	20	487,110	520,525
Minnedosa and District P.C.H., Minnedosa	50	50	1,187,520	1,259,808
Morley House, Shoal Lake	40	40	839,079	910,906
Prairie View Lodge, Pilot Mound	30	30	326,679	353,397
Rideau Park P.C.H., Brandon	100	100	1,831,157	1,786,828
Riverdale P.C.H., Rivers	20	20	493,844	517,033
Rock Lake P.C.H., Pilot Mound	24	24	745,323	786,297
Rossburn P.C.H., Rossburn	20	20	622,581	628,536
Russell and District P.C.H., Russell	40	40	969,780	982,207
Sandy Lake Home, Sandy Lake	36	36	727,048	773,054
Souris District P.C.H., Souris	34	34	912,658	957,504
The Salvation Army Dinsdale, Brandon	60	60	1,436,021	1,547,748
The Sherwood, Virden	50	50	572,334	626,062
Victoria Park Lodge, Souris	20	20	366,007	384,503
Wawanesa P.C.H., Wawanesa	20	20	589,562	623,625
Westman M.H., Virden	90	90	1,060,881	1,123,311
Westview Lodge, Boissevain	44	44	521,007	518,138
Willowview Home, Reston	20	20	653,437	679,997
Sub-Total	1,509	1,505	32,784,747	35,062,737

Table 7(Continued)
Personal Care Home Rated Beds and Net M.H.S.C. Payments by Health Region,
1988/89 and 1989/90.

Personal Care Home Name	Rated Beds 1989/90	Rated Beds 1989/90	Net M.H.S.C. Payments 1989/90 $	Net M.H.S.C. Payments 1990/91 $
Winnipeg Region:				
Beacon Hill Lodges Inc.	175	175	3,699,986	3,947,734
Bethania Mennonite P.C.H.	150	150	4,542,577	4,802,571
Central Park Lodge, Poseidon Bay	218	218	4,548,327	4,807,926
Central Park Lodge, Edmonton Street	277	277	5,618,368	5,862,140
Convalescent Home	84	84	1,705,269	1,796,423
Deer Lodge Centre	198	225	10,304,874 (2)	14,366,472 (2)
Donwood Manor	81	81	1,750,178	1,895,272
Fort Garry Care Centre	64	64	1,382,251	1,465,707
Foyer Valade	117	117	4,256,963	4,378,500
Fred Douglas Lodge	106	158	2,059,177	4,700,490
Golden Door Geriatric Centre	78	78	1,546,528	1,686,210
Golden West Centennial Lodge	91	91	1,386,424	1,792,577
Holiday Haven N.H.	155	155	3,216,169	3,382,814
Holy Family N.H.	284	284	6,749,384	7,183,087
Deaf Centre Manitoba Inc.	22	22	615,237	648,261
Lions Manor	135	65	1,167,058	1,066,176
Luther Home	80	80	1,801,785	1,933,384
Manitoba Oddfellows Home	43	43	496,501	574,729
Maples P.C.H. Limited	200	200	4,663,350	4,868,672
Meadowood Manor	90	90	1,799,340	1,939,716
Metro Kiwanis Courts	47	47	347,667	404,344
The Middlechurch Home	197	197	4,557,650	5,079,557
Oakview Place	245	245	4,896,304	5,081,517
Oddfellows and Rebekahs P.C.H. Inc.	90	90	2,016,309	2,156,735
Park Manor P.C.H.	100	100	2,337,864	2,440,549
Rolmar Investments Inc.	86	86	1,869,454	1,933,589
St. Joseph's Residence	100	100	2,312,410	2,341,117
St. Norbert N.H.	91	91	1,978,157	2,105,484
The Sharon N.H.	208	208	4,205,245	4,877,158
Tache Nursing Centre	318	318	9,142,288	9,630,646
Tuxedo Villa	211	211	4,083,432	4,246,383
Vista Park Lodge	100	100	2,268,238	2,350,297
West Park Manor	150	150	3,007,378	3,234,551
Sub-Total	4,591	4,598	106,332,352	119,178,768
Total Personal Care Homes	8,351	8,411	192,750,199 (3)	214,624,456 (3)
Sanatorium Board of Manitoba-Community Therapy Service	-	-	1,771,536	1,881,216
Grand Total All Facilities	8,351	8,411	194,521,735	216,505,672

(1)As at March 31.

(2)Includes payments to the 120 bed extended treatment hospital noted on page .

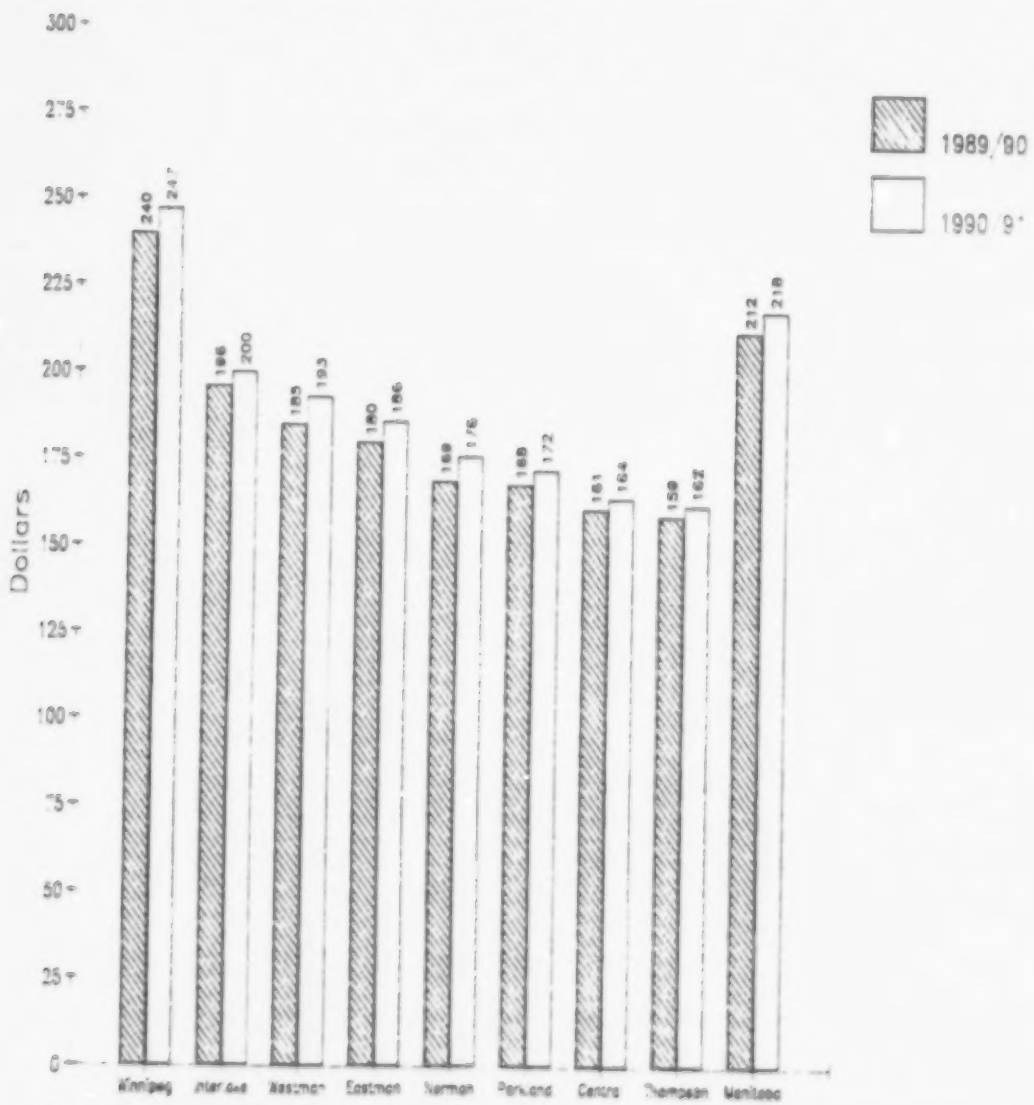
(3)The difference between M.H.S.C payments and Personal Care Home expenditures per Table 3 represents year end accruals and sundry adjustments.

Table 8
Number of Health Practitioners and Population per Practitioner by Health Region,
1990/91.

Health Region	Population(1)	Practitioners Receiving Payment in Excess of $40,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	95,307	54	1,702	7	13,615	5	19,061
Eastman	87,575	46	1,904	6	14,596	3	29,192
Interlake	75,149	36	2,087	4	18,787	2	37,575
Norman	24,841	22	1,129	1	24,841	1	24,841
Parkland	47,499	41	1,159	3	15,833	3	15,833
Thompson	48,007	18	2,667	1	48,007	0	0
Westman	117,531	123	956	10	11,753	11	10,685
Winnipeg	634,936	1,085	585	66	9,620	45	14,110
Manitoba	1,130,845	1,427	792	98	11,539	70	16,155

(1)M.H.S.C. registered population as of June 1, 1990.

Figure 7
Medical Services per Capita Cost by Health Region,
1989/90(1) and 1990/91(2).



(1) Includes a general increase of 3.5% plus a sharing-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(2) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $7.0 million for the professional liability insurance fund.

Table 9
Medical Services and Costs by Diagnostic Category,
1990/91.

Diagnostic Category(1)	Number of Services	Costs ($)	Percentage Distribution	
			Services	Costs ($)
Infectious and Parasitic Diseases	308,787	4,469,383	2.2	1.8
Neoplasms	378,727	9,692,239	2.7	3.9
Endocrine, Nutritional and Metabolic Diseases	493,286	6,972,285	3.5	2.8
Diseases of Blood and Blood Forming Organs	139,646	1,747,034	1.0	0.7
Mental Disorders	1,102,838	18,934,897	7.9	7.7
Diseases of the Nervous System and Sense Organs	992,796	21,186,089	7.1	8.6
Diseases of the Circulatory System	1,076,113	20,499,926	7.7	8.3
Diseases of the Respiratory System	1,423,976	23,117,414	10.1	9.4
Diseases of the Digestive System	546,001	13,431,485	3.9	5.5
Diseases of the Genitourinary System	864,125	17,636,713	6.2	7.2
Pregnancy, Childbirth, and the Puerperium	124,396	8,383,798	0.9	3.4
Diseases of the Skin and Subcutaneous Tissue	587,096	9,394,958	4.2	3.8
Diseases of the Musculoskeletal System	860,613	15,397,284	6.1	6.2
Congenital Anomalies	38,186	1,559,653	0.3	0.6
Conditions Originating in the Perinatal Period	30,300	494,050	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	957,523	16,851,735	6.8	6.8
Injury and Poisoning	849,167	17,119,037	6.0	6.9
Factors Influencing Health Status(2)	2,135,310	27,208,946	15.2	11.0
Without Diagnosis	1,134,008	10,704,945	8.1	4.3
Total(3)	14,042,896	246,602,771 (4)	100.0	100.0

(1) ICD-9-CM.

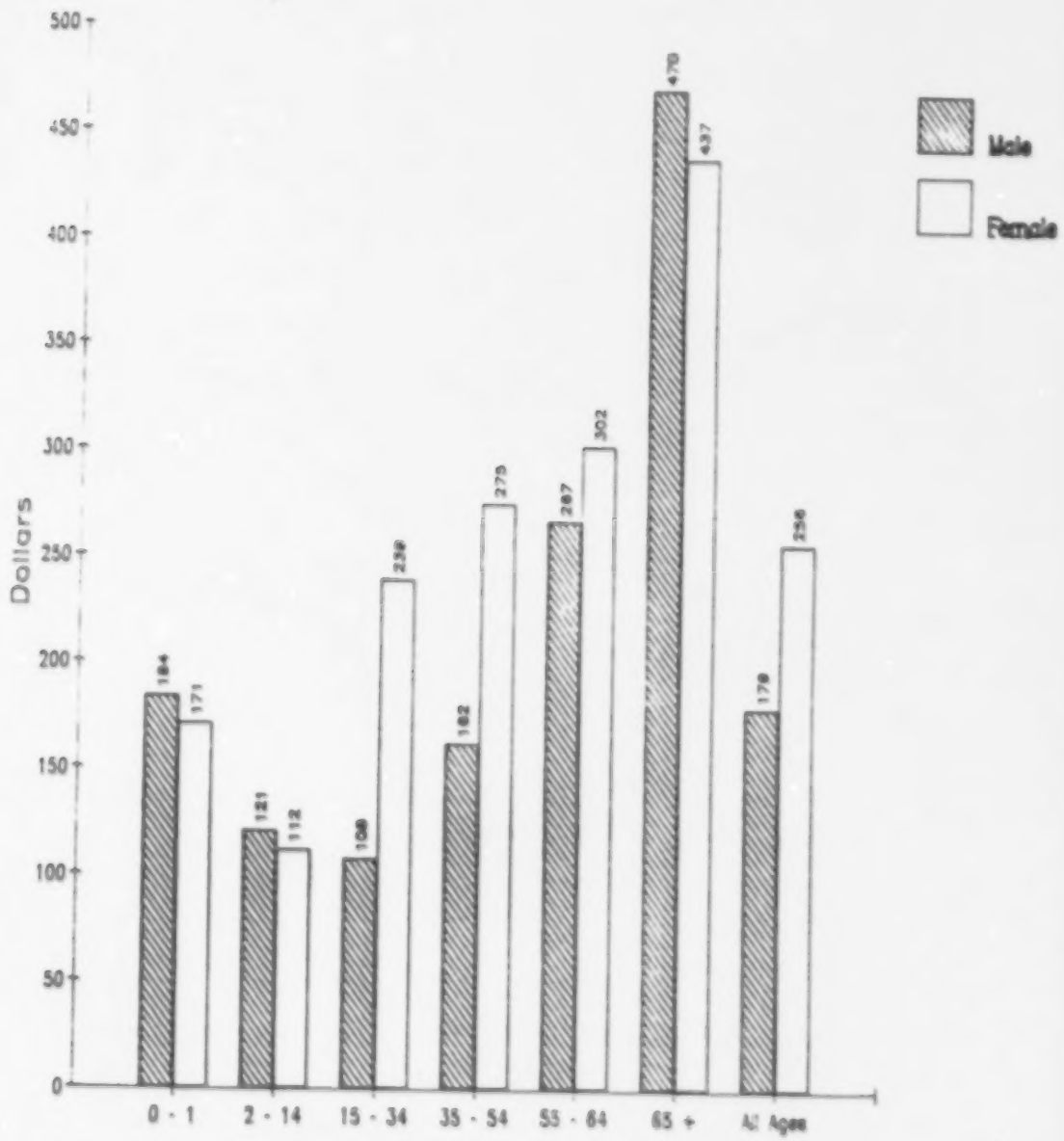
(2) Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(4) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustement to Psychiatry for a selected tariff, retroactive ajustments to Oral, Dental and Periodontal Surgery to Psychiatry and Optometry, and does not include $1.0 million for the proffesional liability insurance fund.

Figure 8

Medical Services per Capita Cost(1) by Age Group & Sex, 1990/91



(1) Includes a 2.5% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

Table 10
Medical and Other Health Services Average Cost per Patient(1) by Type of Practice, 1986/87 to 1990/91.

Type of Practice	1986/87 $	1987/88 (2) $	1988/89 (3) $	1989/90 (4) $	1990/91 (5) $
Internal Medicine	64.79	68.96	71.67	73.75	76.30
Internal Medicine - Neurology	76.88	82.38	83.77	85.81	87.42
- Geriatrics(6)	-	-	-	-	198.85
- Rheumatology(6)	-	-	-	-	106.04
Paediatrics	53.39	55.87	57.52	61.09	62.01
Psychiatry	378.32	384.65	419.46	484.00	519.25
Surgery - General	134.03	143.47	147.67	158.83	163.87
- Thoracic & Cardiovascular	420.44	449.08	456.73	456.91	466.84
- Plastic	124.39	132.52	127.46	140.57	157.69
- Urological	141.14	148.16	154.49	159.85	154.98
- Orthopaedic	102.70	107.85	111.07	117.55	117.65
- Neurological	216.26	264.65	279.88	288.45	291.99
Ophthalmology	67.58	74.10	77.88	86.04	90.76
Otorhinolaryngology	70.51	72.46	75.65	79.38	76.94
Dermatology	50.44	51.22	53.16	58.31	59.39
Radiology	22.85	23.39	24.38	25.19	25.92
Pathology	41.54	41.29	39.33	41.11	42.21
Obstetrics and Gynaecology	100.48	104.88	108.27	115.05	114.16
Anaesthesia	109.39	118.79	125.27	135.71	144.36
General Practice - Urban	47.44	48.43	49.63	51.53	52.00
- Rural	58.24	61.21	60.89	63.12	64.31
- Emergency Medicine	28.38	29.50	31.60	33.12	34.60
Physical Medicine	116.08	132.14	135.65	127.86	124.71
Oral, Dental, and Periodontal Surgery	281.93	310.73	339.77 (7)	351.51	338.08
Optometry	24.95	26.02 (7)	25.64 (7)	26.74	26.78
Chiropractic	49.83	52.34	54.71	55.72	56.91

(1) Patient count is not unique.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees. The above amounts do not include $1.23 million for the professional liability insurance fund.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees. The above amounts do not include $2.13 million for the professional liability insurance fund.

(4) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(5) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(6) New sub-blocs effective April 1, 1990.

(7) Includes retroactive payments made in 1989/90.

Table 11
Medical Costs and Percentage Distribution by Type of Service,
1989/90 and 1990/91.

Type of Service	1989/90 Costs(1) $	1989/90 Percent	1990/91 Costs(2) $	1990/91 Percent
Office Visits	101,827,150	42.5	106,643,423	43.2
Laboratory	27,016,268	11.3	27,559,300	11.2
Major Surgery	21,341,255	8.9	21,233,535	8.6
Other Diagnostic/Therapeutic Services	19,269,283	8.0	19,862,750	8.1
Consultations	18,036,002	7.5	18,878,684	7.7
Hospital Visits	10,888,411	4.5	11,040,356	4.5
Diagnostic Radiology	10,677,495	4.5	11,484,283	4.7
Anaesthesia	8,984,334	3.8	8,348,535	3.4
Obstetric Services	7,739,448	3.2	7,506,538	3.0
Special Visits	5,598,086	2.3	5,588,604	2.3
Minor Surgery	3,942,050	1.6	4,156,123	1.7
Surgical Assistance	2,421,026	1.0	2,488,611	1.0
Miscellaneous Services	1,696,460	0.7	1,812,229	0.7
Total(3)	239,437,268	100.0	246,602,771	100.0

(1) Include a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(2) Include a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

Table 12A
Average and Median Payments ($40,000 Gross) (1) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1989/90 and 1990/91

Type of Practice	1989/90 (2) Number of Physicians	1989/90 (2) Average Payment $	1989/90 (2) Median Payment $	1990/91 (3) Number of Physicians	1990/91 (3) Average Payment $	1990/91 (3) Median Payment $
Internal Medicine	136	148,760	116,860	123	163,640	130,500
Internal Medicine - Neurology	16	143,410	146,670	17	142,850	147,070
- Geriatrics(4)	-	-	-	3	125,780	122,640
- Rheumatology(4)	-	-	-	4	71,780	63,920
Paediatrics	66	146,700	138,480	69	141,000	132,740
Psychiatry	100	149,500	135,640	103	154,410	137,550
Surgery - General	65	178,820	178,350	68	176,930	162,800
- Thoracic and Cardiovascular	12	227,820	229,800	11	240,540	216,580
- Plastic	10	232,740	222,490	10	260,680	276,810
- Urological	17	217,600	211,300	17	219,340	218,430
- Orthopaedic	31	176,890	183,010	31	178,260	193,910
- Neurological	5	157,550	147,970	5	161,540	153,740
Ophthalmology	27	240,400	217,230	27	247,870	256,870
Otorhinolaryngology	15	193,330	193,550	17	167,890	140,080
Dermatology	11	218,620	198,320	10	244,860	239,920
Radiology	47	223,990	- (6)	50	211,640	- (6)
Pathology	14 (8)	- (7)	- (7)	15 (9)	- (7)	- (7)
Obstetrics and Gynaecology	55	204,360	197,780	59	196,260	188,690
Anaesthesia	75	131,330	- (6)	75	121,470	- (6)
General Practice - Urban(5)	452	124,080	119,520	455	127,610	120,050
- Rural	239	148,420	148,960	246	145,850	143,840
- Emergency Medicine	7	105,000	113,700	6	106,420	115,020
Physical Medicine	6	104,200	99,380	6	96,950	99,070
All Physicians	1,406	150,960	121,720	1,427	152,000	121,520

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) Includes payments issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 67.4% of professional income in 1990/91. The Average Payment for Physical Medicine, Anaesthesia, Psychiatry and Internal Medicine-Geriatrics also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, Anaesthesia and Internal Medicine-Geriatrics), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(2) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialties resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(3) Includes a 2.56% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(4) New sub-bloc effective April 1, 1990.

(5) Includes Brandon and Winnipeg.

(6) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(7) Average and median are not calculated because it is not possible to separate the technical and professional components.

(8) Twelve are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

(9) Thirteen are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 12B (1)
Average and Median Payments (1/2 the Mean Threshold (2)) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1989/90 and 1990/91.

Type of Practice	1989/90 Threshold	1989/90 Number of Physicians	1989/90 Average Payment $	1989/90 Median Payment $	1990/91 Threshold	1990/91 Number of Physicians	1990/91 Average Payment $	1990/91 Median Payment $
Internal Medicine	55,390	115	167,420	133,710	59,031	110	177,220	152,940
Internal Medicine - Neurology	57,002	14	156,770	152,080	60,090	14	162,270	161,030
- Geriatrics(3)					58,716 (2)	3	125,780	122,640
- Rheumatology(3)					58,716 (2)	2	90,180	90,180
Paediatrics	47,573 (2)	64	149,950	142,550	58,716 (2)	60	153,590	185,150
Psychiatry	69,982	94	155,650	140,340	70,091	97	160,380	150,220
Surgery - General	77,584	59	191,360	187,770	80,910	60	192,590	175,940
- Thoracic and Cardiovascular	106,266	11	241,440	232,950	111,010	11	240,540	216,580
- Plastic	116,367	9	247,820	229,960	130,341	9	281,470	280,150
- Urological	108,798	15	236,070	220,750	98,295	14	254,360	247,710
- Orthopaedic	77,228	29	185,040	186,060	79,661	28	191,280	198,490
- Neurological	78,775	5	157,550	147,970	70,199	5	161,540	153,740
Ophthalmology	109,684	20	295,000	293,770	108,776	20	304,360	298,150
Otorhinolaryngology	81,703	15	193,330	193,550	72,765	15	182,710	145,360
Dermatology	93,312	10	232,170	237,330	103,491	10	244,860	239,920
Radiology	-	47	223,990	-	-	50	-	-
Pathology	-	14	-	-	-	15	-	-
Obstetrics and Gynaecology	88,689	50	218,750	207,060	89,851	51	214,900	198,420
Anaesthesia	59,675	71	144,130	-	59,602	68	127,330	-
General Practice - Urban	58,448 (2)	405	132,760	125,180	58,716 (2)	405	137,680	129,760
- Rural	57,972	217	158,530	153,650	58,284	219	157,770	152,850
- Emergency Medicine	58,448 (2)	7	105,000	113,700	58,716 (2)	6	106,420	115,020
Physical Medicine	58,448 (2)	6	104,200	99,380	58,716 (2)	5	105,140	102,160
Physicians Exceeding Thresholds		1,277				1,277		
All Physicians (4)	58,448	1,846	116,900		58,716	1,888	117,400	

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) The conditions stated in Table 12A also apply to Table 12B.

(2) Derived by computing the average income for all physicians within a bloc claiming at least one dollar through the fee-for-service arrangement in the fiscal year and dividing by two. If the threshold calculated for a specialty is less than 80% of the provincial threshold, the provincial threshold is substituted as the specialty threshold. 1/2 the mean threshold allows for differences in income levels between specialties and gives a more accurate picture of the average and median incomes of full-time physicians.

(3) New sub-bloc effective April 1, 1990.

(4) All physicians excluding pathologists, receiving M.H.S.C. payments.

Table 13
Average and Median Payments ($40,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by M.H.S.C. from which the practitioners must pay overhead costs,
1989/90 and 1990/91.

Type of Practice	1989/90			1990/91		
	Number of Practitioners	Average Payment $	Median Payment $	Number of Practitioners	Average Payment $	Median Payment $
Oral, Dental, and Periodontal Surgery	10	117,400	119,630	11	95,970	97,530
Optometry	68	83,020	74,610	70	83,360	76,680
Chiropractic	96	85,920	79,280	98	86,050	78,750

Table 14
Medical and Other Health Practitioner Services and Costs,
1989/90 and 1990/91.

Type of Practice	Number of Services 1989/90	Number of Services 1990/91	Costs 1989/90 (1) $	Costs 1990/91 (2) $
Internal Medicine	909,814	873,735	21,103,228	21,441,658
Internal Medicine - Neurology	58,309	57,309	2,394,091	2,468,701
- Geriatrics(3)	0	21,944	0	213,468
- Rheumatology(3)	0	9,140	0	283,610
Paediatrics	579,117	561,086	10,516,037	10,606,849
Psychiatry	634,458	661,243	12,269,107	13,200,120
Surgery - General	240,015	240,624	11,801,477	12,121,915
- Thoracic and Cardiovascular	17,809	16,640	2,762,906	2,664,240
- Plastic	43,074	46,519	2,327,348	2,606,817
- Urological	62,439	65,648	3,699,324	3,735,196
- Orthopaedic	111,290	111,885	5,341,016	5,585,739
- Neurological	10,457	10,243	787,753	816,729
Ophthalmology	144,162	143,401	6,583,848	6,756,642
Otorhinolaryngology	86,156	85,677	2,947,977	2,909,081
Dermatology	137,934	147,796	2,284,487	2,439,047
Radiology(4)	660,554	683,543	11,218,289	11,998,730
Pathology	3,667,120	3,640,709	25,257,352	25,954,060
Obstetrics and Gynaecology	314,134	318,489	11,369,335	11,602,999
Anaesthesia	82,376	74,317	7,603,542	6,934,337
General Practice - Urban(5)	3,804,663	3,831,580	58,668,304	61,149,076
- Rural	2,363,423	2,379,178	38,978,544	40,189,431
- Emergency Medicine	33,301	27,350	771,481	673,546
Physical Medicine	35,645	34,780	551,782	530,780
Sub-Total In-Province Medical Services	13,996,240	14,062,896	239,637,268	246,602,771
Out-of-Province Doctors	183,494	94,371 (6)	4,714,458	2,499,839 (6)
Out-of-Province Agreement	6,559	5,623	117,923	108,925
Total Medical Services	14,186,293	14,162,890	244,269,649	249,211,535
Oral, Dental, and Periodontal Surgery	11,953	10,573	1,337,480	1,153,858
Optometry	241,735	251,891	6,111,036	6,366,480
Optometry Out-of-Province Agreement	161	141	4,120	3,624
Chiropractic	805,282	814,383	8,820,938	8,955,169
Chiropractic Out-of-Province Agreement	791	810	8,673	8,905
Total Other Health Services	1,059,922	1,077,798	16,282,247	16,488,036
Grand Total Services	15,246,215	15,220,688	260,551,896 (7)	265,699,571 (7)

(1) Includes a general increase of 3.5% plus a shoring-up adjustment of $2.3 million to selected specialities resulting in a 4.46% overall increase in the schedule of fees. The above amounts do not include $2.63 million for the professional liability insurance fund.

(2) Includes a 2.54% overall increase in the schedule of fees. The above amounts do not include a late adjustment to Psychiatry for a selected tariff, retroactive adjustments to Oral, Dental and Periodontal Surgery and Optometry, and does not include $1.0 million for the professional liability insurance fund.

(3) New sub-blocs effective April 1, 1990.

(4) Includes both technical and professional components of fee.

(5) Includes Brandon and Winnipeg.

(6) Effective April 1, 1990, medical services and costs for Manitoba residents rendered by physicians in other Canadian provinces under the reciprocal agreement are not included in this report.

(7) Figures include $3,393,088 for 1989/90 and $3,790,673 for 1990/91 which represent the value of services submitted by salaried practitioners.

SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1991

Hospital Services

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1991 amounted to $908,013,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1991	1990
	(thousands of dollars)	
Public General Hospital	$ 852,841	$ 790,060
Community Health Centres and Clinics	17,294	14,864
Federal Hospitals	2,050	1,563
Contract Facilities and Red Cross Blood Transfusion Services	17,349	16,667
Hospitals Outside the Province	18,479	15,615
	$ 908,013	$ 838,769

During the year ended March 31, 1991 the average daily in-patient cost in a public general hospital in Manitoba was $490.40 compared to $444.19 for the previous year, an increase of 10.4%

The increase for public general hospitals approximates $62.8 Million. Of this increase, $49.1 Million is due to increased salaries, supplies, and other costs, and $13.7 Million is for new/renovated facilities and equipment.

Medical and Other Health Services

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1991, together with comparable figures for the previous year is as follows:

	1991	1990
	(thousands of dollars)	
Medical Services	$ 250,212	$ 243,946
Dental and Oral Surgery	1,154	1,336
Standing Committee on Medical Manpower	455	323
Salary and Other Payments to Physicians	2,657	2,472
Total Medical Services	$ 254,478	$ 248,077
Optometric Services	6,436	5,968
Chiropractic Services	8,980	8,863
Prosthetic and Orthotic Devices	3,418	3,574
Total Other Health Services	18,834	18,405
Total Medical and Other Health Services	$ 273,312	$ 266,482

Personal Care Home Services

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $22.06 per day during the year ending March 31, 1991. Residential charges during the year were as follows:

April 1, 1990	-	$21.30
May 1, 1990	-	21.65
August 1, 1990	-	22.00
November 1, 1990	-	22.35
February 1, 1991	-	22.70

As at March 31, 1991 there were 8,411 beds included in the program (6,100 non-proprietary beds and 2,311 proprietary beds).
A summary of expenditures of the personal care home program for the year ended March 31, 1991 together with comparable figures for the previous year is as follows:

	1991	1990
	(thousands of dollars)	
Resident Services	$ 212,115	$ 189,008
Drug Costs	5,747	5,568
Adult Day Care	1,694	1,430
Therapy Services	1,884	1,737
	$ 221,440	$ 197,743

Program costs increased by $23.7 Million. Increased salaries, supplies and other costs were $15.5 Million and costs of new and renovated facilities were $11.6 Million. These increased costs were offset in part by a $3.4 Million increase in residential charges during the year.

Pharmacare

Costs of the universal pharmacare program for the year ended March 31, 1991

amounted to $49,818,000 compared with $44,558,000 in the previous year. For the 1990 benefit year, this program covered 80% of the cost of eligible prescription drugs in excess of the deductible. The per family deductible was $92.75 where at least one member was 65 years of age and over, and $163.65 where all members of the family were under 65 years of age.

Ambulance Program

Under this program grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs. The grants are made to municipalities on a per capita basis.

Direct grants to the ambulance services increased during the year by $.5 Million, bringing the total for 1990/91 to $3.0 Million. These grants are intended to reduce inequities in the per capita grant. In addition to the grants, the Commission provides funds for the training of ambulance personnel.

Total cost of the ambulance program for the year ended March 31, 1991 was $5,578,000 compared with $5,021,000 in the previous year.

Air Ambulance Program

The role of the air ambulance program is to provide a rapid long distance transport for the acutely sick and injured within the Province of Manitoba on a 24-hour basis and the transport of Manitoba residents out of the province for medically required emergency services that are not available in Manitoba.

Expenditures for the year ended March 31, 1991 were $4,355,000 compared with $3,813,000 in the previous year.

Northern Patient Transportation Program

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and

- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1991 amounted to $3,137,000 compared with $2,817,000 for the previous year.

Administrative Expenses

Administrative expenses of the Commission amounted to $20,410,000 for the year ended March 31, 1991 or 1.4% of the total expenditures, compared with $19,502,000 and 1.4% for the previous year.

Revenue

For the year ended March 31, 1991 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

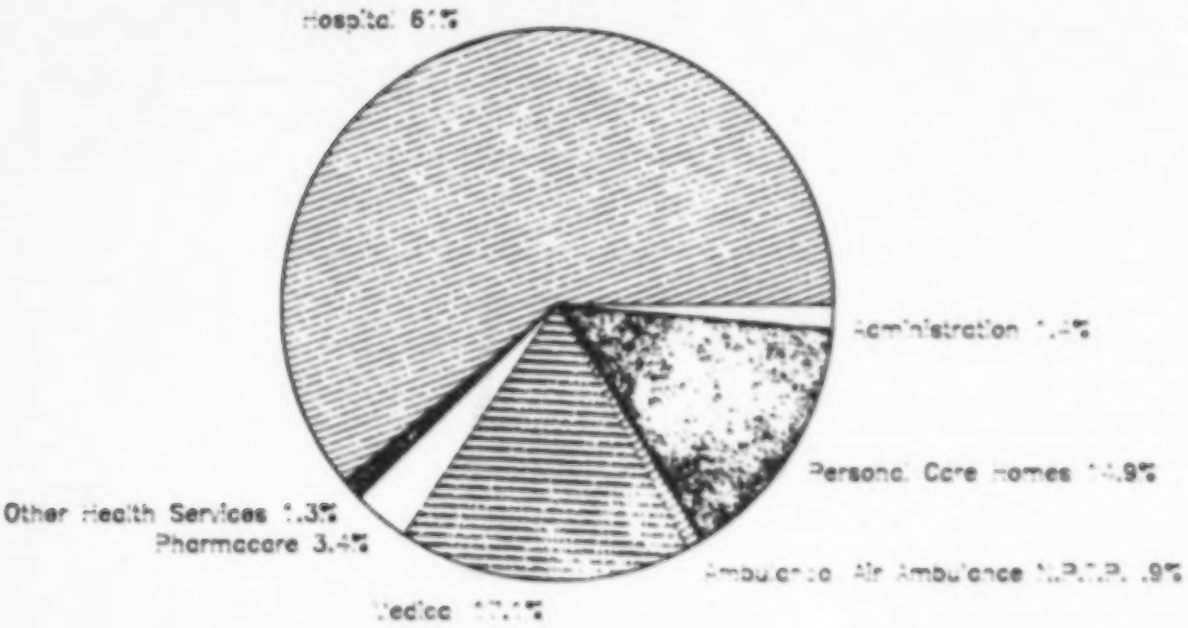
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1991 was $1,486,104,000 compared with $1,378,719,000 for the previous year.

Working Capital

The financial operations of the Commission for the year ended March 31, 1991 resulted in an excess of revenue over expenditure of $41,000 which resulted in a closing working capital account of $765,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1991.



Comparison of Actual Expenditures With Planned Expenditures For The Year Ended March 31, 1991

Planned expenditures, net of third party recoveries and miscellaneous income, for the year ended March 31, 1991 were $1,494.6 Million as compared with actual expenditures of $1,478.7 Million, resulting in an underexpenditure of $15.9 Million or 1.1% of total expenditures. The underexpenditure has been transferred back to the Provincial Consolidated Fund.

EXPENDITURE SUMMARY
FOR THE YEAR ENDED MARCH 31, 1991
WITH COMPARATIVE FIGURES FOR THE PREVIOUS FISCAL YEAR

Main Estimates 1990/91 $000	Appropriations #21-6 & #21-7	Actual 1990/91 $000 Operating	Capital	Total	Actual 1989/90 $000	Increase (Decrease) $000	Explanation Number
20,740	Administration	20,409		20,409	19,502	907	(1)
51,118	Pharmacare Program	49,818		49,818	44,558	5,260	(2)
6,435	Ambulance Program	5,578		5,578	5,021	557	(3)
4,330	Air Ambulance Program	2,474	1,...	4,355	3,813	542	(4)
2,725	Northern Patient Transportation Program	3,137		3,137	2,817	320	(5)
907,393	Hospital Program	872,241	35,772	908,013	838,769	69,244	(6)
225,969	Personal Care Home Program	214,138	7,302	221,440	197,743	23,697	(7)
282,399	Medical Program	273,312		273,312	266,482	6,830	(8)
1,501,109	Gross Program Costs	1,441,107	44,955	1,486,062	1,378,705	107,357	
6,469	Less Recoveries	7,364		7,364	7,204	160	(9)
1,494,640	Net Program Costs	1,433,743	44,955	1,478,698	1,371,501	107,197	

	$000	
(1) The increase in Administration is due to the following:		
(a) Salaries and employment benefits increased due to general salary increase and pay equity	$ 663	
(b) Stationery & office supplies increased due to increased volume and price.	161	
(c) Increase in pension payments due to new retirements	43	
(d) Other	40	
	$ 907	con't

(2)	The increase in the Pharmacare Program is due to the following:	
	(a) Volume increase	$ 543
	(b) Price increase	4,717
		$ 5,260
(3)	The increase in the Ambulance Program is due to the following:	
	(a) Price increase in Municipal Grants	$ 69
	(b) Further expansion of grants to Ambulance Services and training program	488
		$ 557
(4)	The increase in the Air Ambulance Program is due to the following:	
	(a) Outright purchase of aircraft	$ 1,221
	(b) Funds saved through termination of air ambulance lease	(509)
	(c) Non-recurring 1989/90 operating cost - engine overhaul	(300)
	(c) General cost increase	130
		$ 542
(5)	The increase in the Northern Patient Transportation Program is due to the following:	
	(a) Price increase in elective and emergency cases	$ 320
(6)	The increase in the Hospital Program is due to the following:	
	(a) New and/or expanding construction and equipment	$ 13,826
	(b) Economic increase	49,330
	(c) Increase in out of province payments	2,865
	(d) Increase in Long Term Disability contribution	2,359
	(e) New Initiative	864
		$ 69,244

con't

(7) The increase in the Personal Care Home Program is due to the following:

(a) New and/or expanding construction	$ 11,621
(b) Economic increase	15,500
(c) Increase in residential charges	(3,424)
	$ 23,697

(8) The increase in the Medical Program is due to the following:

(a) Volume increase	$ 2,024
(b) Price increase	6,436
(c) Non-recurring 1989/90 payment re C.M.P.A.	(1,630)
	$ 6,830

(9) The increase in Recoveries is due to the following:

(a) Extraordinary third party settlement in 1989/90	$ (1,081)
(b) Price and volume	1,241
	$ 160

MANAGEMENT REPORT

Management is responsible to the members of the Commission Board for the integrity and objectivity of the financial statements of the Commission. The statements have been prepared in accordance with generally accepted accounting principles. The financial information presented elsewhere in this Annual Report is consistent with that contained in the financial statements.

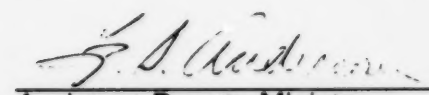
The Commission maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. The Commission has also instituted policies and guidelines which require employees to maintain the highest of ethical standards. Staff of the Provincial Auditor's Office review internal controls on an ongoing basis and report their findings to management and the Commission Board.

The responsibility of the Provincial Auditor and his staff is to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

The members of the Commission Board have reviewed and approved these financial statements. To assist the Board in meeting its responsibility, it has appointed an Audit Committee, which meets with management and with the Provincial Auditor jointly and separately, to review audit, financial reporting and related matters.

On behalf of the management

Executive Director



Assistant Deputy Minister,
Finance and Administration

Office of
the Provincial Auditor

905 - 386 Broadway
Winnipeg, Manitoba, CANADA
R3C 3R6

AUDITOR'S REPORT

To the Legislative Assembly of Manitoba

We have audited the balance sheet of the Manitoba Health Services Commission as at March 31, 1991 and the statements of revenue and expenditure and working capital account for the year then ended. These financial statements are the responsibility of the Commission's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

Note 1(i) reflects that the Commission's unfunded pension liability as at March 31, 1991 $21,179,000. Had this unfunded pension liability and the associated pension costs been recorded in the financial statements, the Commission's liabilities would have increased by $21,179,000, the funds available for future operations would have decreased by that amount, and the Commission's pension costs would have increased by $2,293,000 for the year ended March 31, 1991.

In our opinion, except for the failure to record the information referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 1991 and the results of its operations for the year then ended in accordance with the accounting policies stated in note 1 to the financial statements.

F. H. Jackson, CA
Provincial Auditor

Winnipeg, Manitoba
June 27, 1991

MANITOBA HEALTH SERVICES COMMISSION

BALANCE SHEET

AS AT MARCH 31, 1991

(With 1990 Figures for Comparison)

Statement A

ASSETS

	1991	1990
	(thousands of dollars)	
Cash on hand and in bank	$ 2,151	$ 9,083
Funds on deposit, Government of the Province of Manitoba	57,646	61,116
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	542	1,318
Other Provinces and Territories	8,754	5,817
Other	895	1,002
	10,191	8,137
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	69,988	78,336
Funds held in trust re debenture trust agreements (per contra) (Note 2)	26,355	24,475
	$ 96,343	$102,811

LIABILITIES

	1991	1990
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 4,456	$ 4,103
Estimated adjustment payments under section 60(2) of The Health Services Insurance Act and other costs, net (Note 7)	24,304	32,736
	28,760	36,839
Medical services claims	26,447	25,072
Pharmacare claims	10,167	9,658
Ambulance grants	835	3,248
Air ambulance	61	58
Northern patient transportation claims	79	91
Other health services claims	2,009	1,808
General	865	838
	69,223	77,612
Working capital account, Statement C	765	724
	69,988	78,336
Funds held in trust re debenture trust agreements (per contra)	26,355	24,475
	$ 96,343	$102,811

The accompanying notes are an integral part of the financial statements.

APPROVED on behalf of the Board:

W. K. Ziprick, C.A.
Chairman

Statement B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1991

(With 1990 Figures for Comparison)

	1991	1990
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,478,740	$ 1,371,514
Third party recoveries (Note 1)	7,130	6,861
Miscellaneous income	234	344
Total revenue	$ 1,486,104	$ 1,378,719
Expenditure:		
Hospital services:		
Hospitals within the Province	$ 889,534	$ 823,154
Hospitals outside the Province	18,479	15,615
	908,013	838,769
Medical services	254,478	248,077
Personal care home services	221,440	197,743
Pharmacare program	49,818	44,558
Ambulance program	5,578	5,021
Air ambulance program (Note 4)	4,355	3,813
Northern patient transportation program	3,137	2,817
Other health services (Note 5)	18,834	18,405
Administrative expenses, Schedule 1	20,410	19,502
Total expenditure	$ 1,486,063	$ 1,378,705
Revenue over expenditure, Statement C	$ 41	$ 14

The accompanying notes are an integral part of the financial statements.

Statement C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1991

(With 1990 Figures for Comparison)

	1991	1990
	(thousands of dollars)	
Balance, beginning of year	$ 724	$ 710
Add, revenue over expenditure, Statement B	41	14
Balance, end of year, Statement A	$ 765	$ 724

The accompanying notes are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED MARCH 31, 1991
(With 1990 Figures for Comparison)

	1991	1990
	(thousands of dollars)	
Salaries and employee benefits	$ 13,637	$ 12,974
Office equipment	2,942	3,016
Professional services	714	664
Stationery and office supplies	710	549
Pension payments (Note 1)	551	509
Postage, express and delivery	446	440
Health and post-secondary education tax levy	305	291
Telephone	230	223
Maintenance of land, building and office equipment	190	168
Travel	159	174
Grant in lieu of realty taxes	140	173
Utilities	120	116
Miscellaneous	107	45
Bank charges	80	80
Commissioners' remuneration	48	39
Building renovations	31	41
	$ 20,410	$ 19,502

The accompanying notes are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1991

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, as at December 31, 1989, the unfunded provision on a non-indexed basis for the Commission's employees amounted to $21,179,000 as at March 31, 1991 ($18,886,000 as at March 31, 1990).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1991, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land and building of the Rideau Park Personal Care Home Inc.
5. Land acquired for future development of a health care facility.
6. Furniture and equipment located in the Cadham Provincial Laboratory and in the provincial laboratory and x-ray diagnostic units throughout the Province.

7. Furniture and equipment located in the administration building.

8. A Cessna Citation SII aircraft which is a completely dedicated air ambulance.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets. During the fiscal period 1990/91, the Department of Government Services paid rent in the amount of $607,500 to Manitoba Properties Inc., for the land and administrative building utilized by the Commission. This expenditure is not reflected in the accounts of the Commission.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds were on deposit as follows:

	1991	1990
	(thousands of dollars)	
Bank	$ 23,117	$ 21,153
Government of the Province of Manitoba	3,238	3,322
	$ 26,355	$ 24,475

These funds relate to the debentures referred to in Note 3. The Commission receives these funds as grants from the Government of the Province of Manitoba and makes the required payments to trustees and the Government of the Province of Manitoba for debt servicing, including any required sinking fund payments.

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of capital assets for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1991 the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on Statement B was $93,316,000 ($84,072,000 for the year ended March 31, 1990).

As at March 31, 1991, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $487,303,000 ($462,548,000 as at March 31, 1990).

In addition to the approved outstanding capital debt, lines of credit up to $168,536,000 ($82,633,000 as at March 31, 1990) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. LEASE - AIRCRAFT

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease was equal to the monthly bank prime rate. The actual lease payments for the period April 1, 1990 to November 1, 1990 amounted to $653,000.

Under the terms of the lease, the Commission exercised its option to purchase the aircraft on November 1, 1990 at a price of $1,217,000.

NOTE 5. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1991	1990
	(thousands of dollars)	
Optometric	$ 6,436	$ 5,968
Chiropractic	8,980	8,863
Prosthetic and Orthotic	3,418	3,574
	$ 18,834	$ 18,405

NOTE 6. MANITOBA CHILDREN'S DENTAL PROGRAM

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims. For the year ended March 31, 1991, the Commission paid claims for approved services amounting to $1,479,000 ($1,537,000 for the year ended March 31, 1990). Of this

amount, $1,047,000 ($1,177,000 for the year ended March 31, 1990), was recovered from the Department of Health during the year ended March 31, 1991. The balance of $432,000 is included in accounts receivable - Government of the Province of Manitoba as at March 31, 1991 ($360,000 as at March 31, 1990). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $161,000 for the year ended March 31, 1991 ($154,000 for the year ended March 31, 1990) and are included in the Commission's administrative expenses detailed in Schedule 1.

NOTE 7. HOSPITAL AND PERSONAL CARE HOME LIABILITIES

The liabilities of the Commission include $6,739,000, which covers the Commission's share of the estimated future benefit payments of the Manitoba Health Organization, Inc., Long Term Disability Insurance Plan.

This amount was established by the insurance company which holds the insurance contract for this fund and represents the estimated cost of future payments to participants who were disabled and receiving payments or had been approved for payments as at March 31, 1991.

Statutory Responsiblities of the Minister of Health

The Alcoholism Foundation Act
(1) The Ambulance Services Act
The Anatomy Act
(1) The Cancer Treatment and Research Foundation Act
(1) The Chiropractic Act
The Dental Association Act
The Dental Health Workers Act
The Dental Health Services Act
The Denturists Act
The Registered Dietitians Act
(1) The Elderly and Infirm Persons' Housing Act (with respect to personal care homes and infirm persons as defined in the Act)
The Department of Health Act
(1) The District Health and Social Services Act
The Manitoba Health Research Council Act
The Health Sciences Centre Act
(1) The Health Services Act
(1) The Health Services Insurance Act
The Hearing Aid Act
(1) The Hospitals Act
The Human Tissue Act
(1) The Medical Act
(1) The Medical Association Fees Act
The Mental Health Act (except parts II, III & IV)
The Narcotic Drug Addicts Act
(1) The Occupational Therapists Act
(1) The Ophthalmic Dispensers Act
(1) The Optometry Act
The Licensed Practical Nurses Act
(1) The Pharmaceutical Act
The Psychologists Registration Act
(1) The Physiotherapists Act
(1) The Prescription Drugs Cost Assistance Act
(1) The Private Hospitals Act
The Registered Psychiatric Nurses Act*
The Registered Nurses Act
(1) The Registered Respiratory Technologists Act
(1) The Sanatorium Board of Manitoba Act
The Tuberculosis Control Act

* Excluding the responsibility for Manitoba Revised Regulation P210-R 5, Division IV pursuant to Public Health Act, which is assigned to the Minister of Cooperative, Consumer and Corporate Affairs.

(1) These statutes, in whole or in part, are administered by the Manitoba Health Services Commission.